What the Sleep Research Laboratory recorded about DALMANE® sleep...[1]

(flurazepam HCl)

- ☐ reduced sleep latency
- ☐ decreased time awake after sleep onset
- ☐ increased total sleep time

The polygraphic techniques of the sleep research laboratory have objectively documented the value of Dalmane (flurazepam HCl) for patients with difficulty falling asleep or staying asleep.

Hundreds of hours of monitored sleep[1-9] have shown that one 30-mg capsule of Dalmane at bedtime generally induced sleep within 17 minutes, significantly reduced time awake after sleep onset and provided 7 to 8 hours of sleep. Dalmane effectiveness was maintained even over 14 consecutive nights of administration, demonstrating the consistent effectiveness of Dalmane

Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

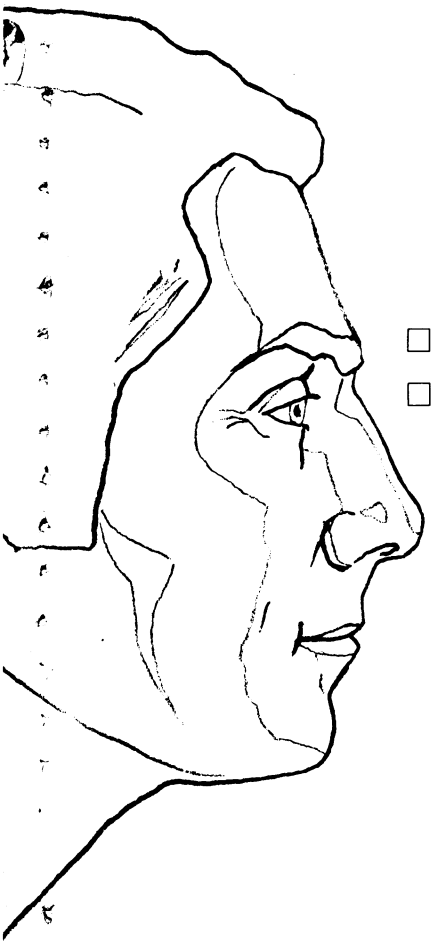
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, have also been reported in rare instances.

Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.



What the patients reported when they awoke[1]

☐ more rapid sleep induction
☐ increased duration of sleep

The utility of any sleep medication depends, ultimately, on patient acceptance. For this reason, sleep laboratories evaluating Dalmane (flurazepam HCl) have obtained the patients' own estimates of their sleep immediately on awakening in the morning. These subjective evaluations have been in strong agreement with the polygraphic records, confirming polygraphic evidence of Dalmane effectiveness compared to placebo.

REFERENCES

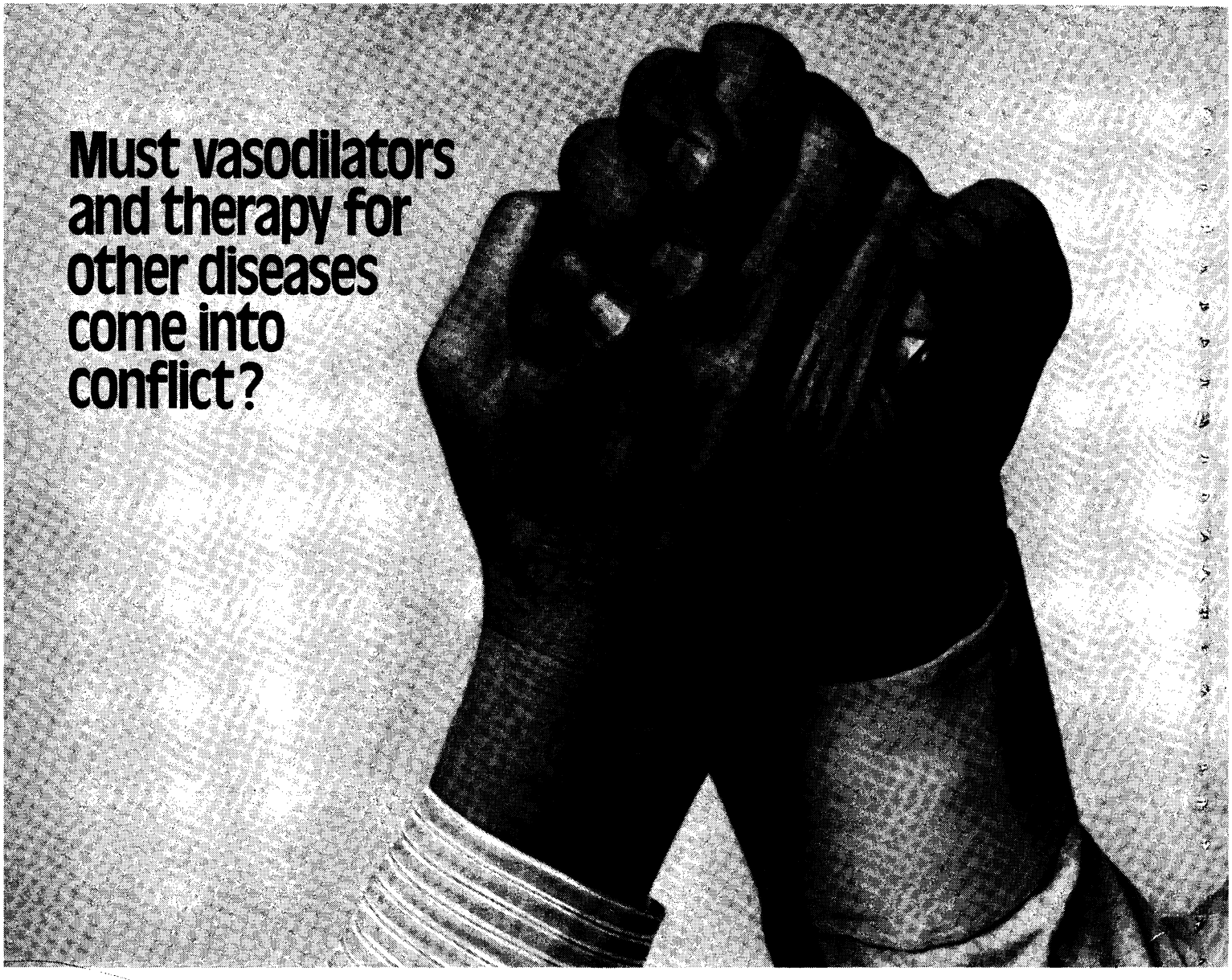
1. Kales, J., *et al.: Clin. Pharmacol. Ther., 12*:691, 1971. **2.** Frost, J.D., Jr.: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, N.J. **3.** Karacan, I., *et al.:* "The Sleep Laboratory in the Investigation of Sleep and Sleep Disturbances," Scientific Exhibit presented at Amer. Psychiat. Assoc., Washington, D.C., May 3-7, 1971. **4.** Kales, A., *et al.: Arch. Gen. Psychiat., 23*:226, 1970. **5.** Dement, W.C.: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, N.J. **6.** Kales, A., and Kales, J.: *Pharmacol. Physicians, 4*:1, 1970. **7.** Kales, A.: "Psychophysiological and Biochemical Changes Following Use and Withdrawal of Hypnotics," in Kales, A. (ed.): *Sleep: Physiology and Pathology,* Philadelphia, Lippincott, 1969, p. 331. **8.** Vogel, G.W.: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, N.J. **9.** Kales, A., and Kales, J.: *J.A.M.A., 213*:2229, 1970.

DALMANE®
(flurazepam HCl)
When restful sleep is indicated

One 30-mg capsule *h.s.*—usual adult dosage
(15 mg may suffice in some patients).
One 15-mg capsule *h.s.*—initial dosage for elderly or debilitated patients.

ROCHE

ROCHE LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110



not if the vasodilator is VASODILAN® (ISOXSUPRINE HCl)

the compatible vasodilator... no treatment conflicts reported

The cerebral or peripheral vascular disease patient often has coexisting disease[1] which calls for another drug along with his vasodilator. It may be a hypoglycemic, miotic, antihypertensive, diuretic, anticoagulant, corticosteroid, or coronary vasodilator.

Vasodilan is not incompatible with any of these drugs—no treatment conflict has been reported. And, unlike other vasodilators, Vasodilan has not been reported to affect carbohydrate metabolism, liver function, or intraocular pressure—or to complicate treatment of diabetes, hypertension, peptic ulcer, glaucoma, or liver disease.

In fact, there are no known contraindications to the use of Vasodilan in recommended oral doses, other than that it should not be given in the presence of frank arterial bleeding or immediately postpartum.

1. Gertler, M. M., et al.: Geriatrics *25*:134-148 (May) 1970.

Indications: Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's Disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

Composition: Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

Dosage and Administration: 10 to 20 mg. three or four times daily.

Contraindications and Cautions: There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

Adverse Reactions: On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

Supplied: Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500 and Unit Dose.

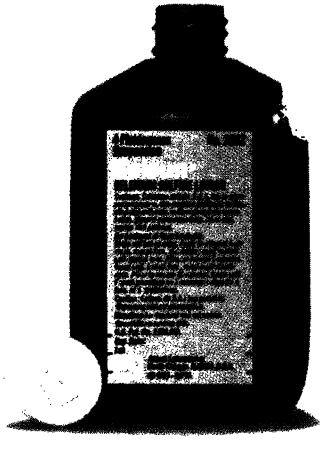
Mead Johnson LABORATORIES

Hair styles come and go, but Selsun® (SELENIUM SULFIDE LOTION) remains a classic for dandruff

Since 1951, Selsun has proven to be effective in treating dandruff and seborrheic dermatitis. When your patient is tormented by itching and scaling, provide the relief that only you can prescribe ...Selsun...classic anti-dandruff therapy.

Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension; also contains: bentonite, sodium alkyl aryl sulfonate, sodium phosphate (monobasic), glyceryl monoricinoleate, citric acid, captan, and perfume. 301411R



A DOUBLE-DUTY DIURETIC

Trademark

DYAZIDE®

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

GETS THE WATER OUT IN EDEMA

BRINGS DOWN BLOOD PRESSURE IN HYPERTENSION*

SPARES POTASSIUM IN BOTH

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

***Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (> 5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

SK&F CO.
Carolina, P.R. 00630
a subsidiary of Smith Kline & French Laboratories

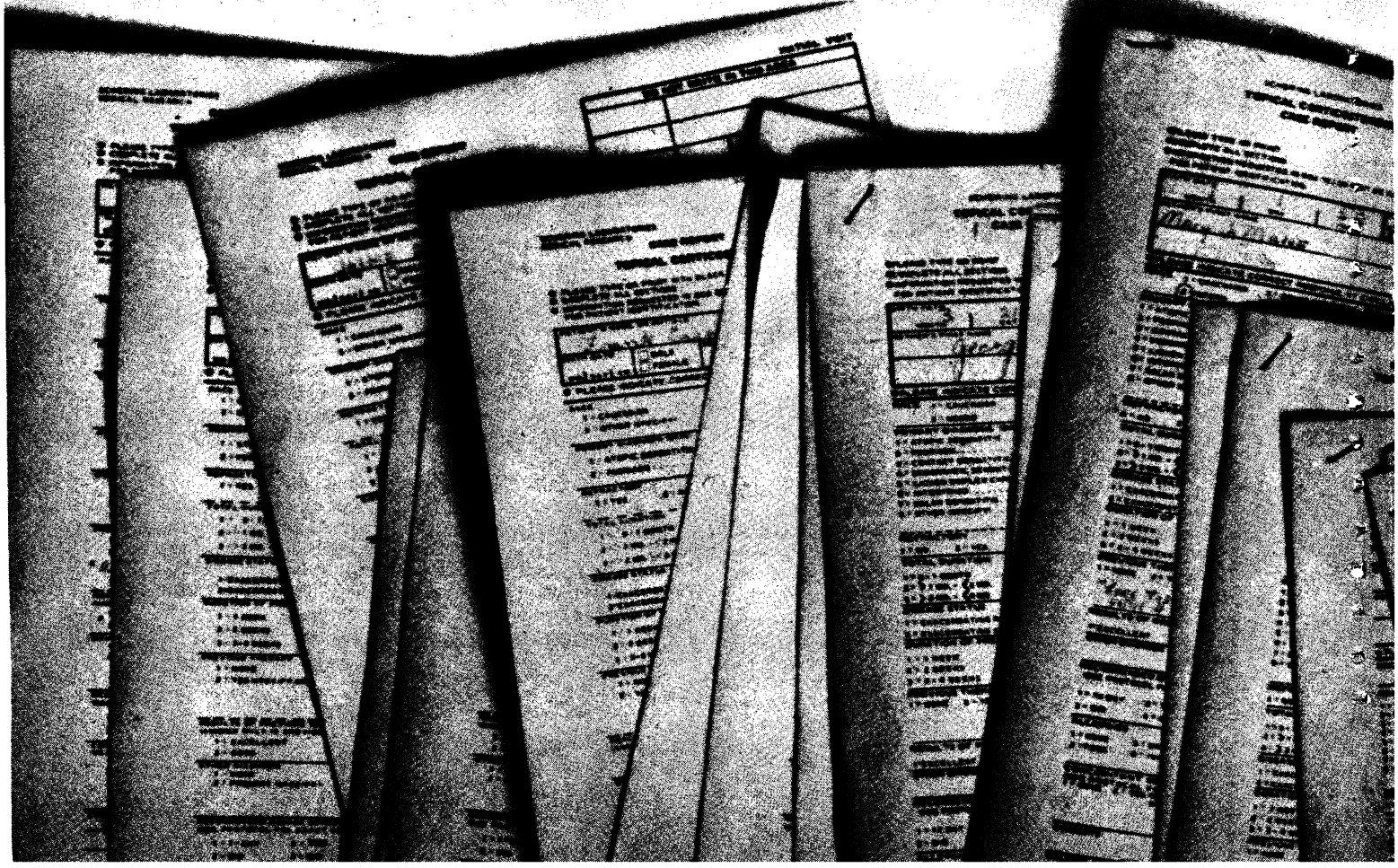
A topical steroid that has clinically succeeded

in study...after study...after study[1-6]

Excellent/good results

85% in psoriasis *(150 of 177 patients)*[1]

92% in atopic eczema *(231 of 251 patients)*[1]



Schering

Valisone®

brand of

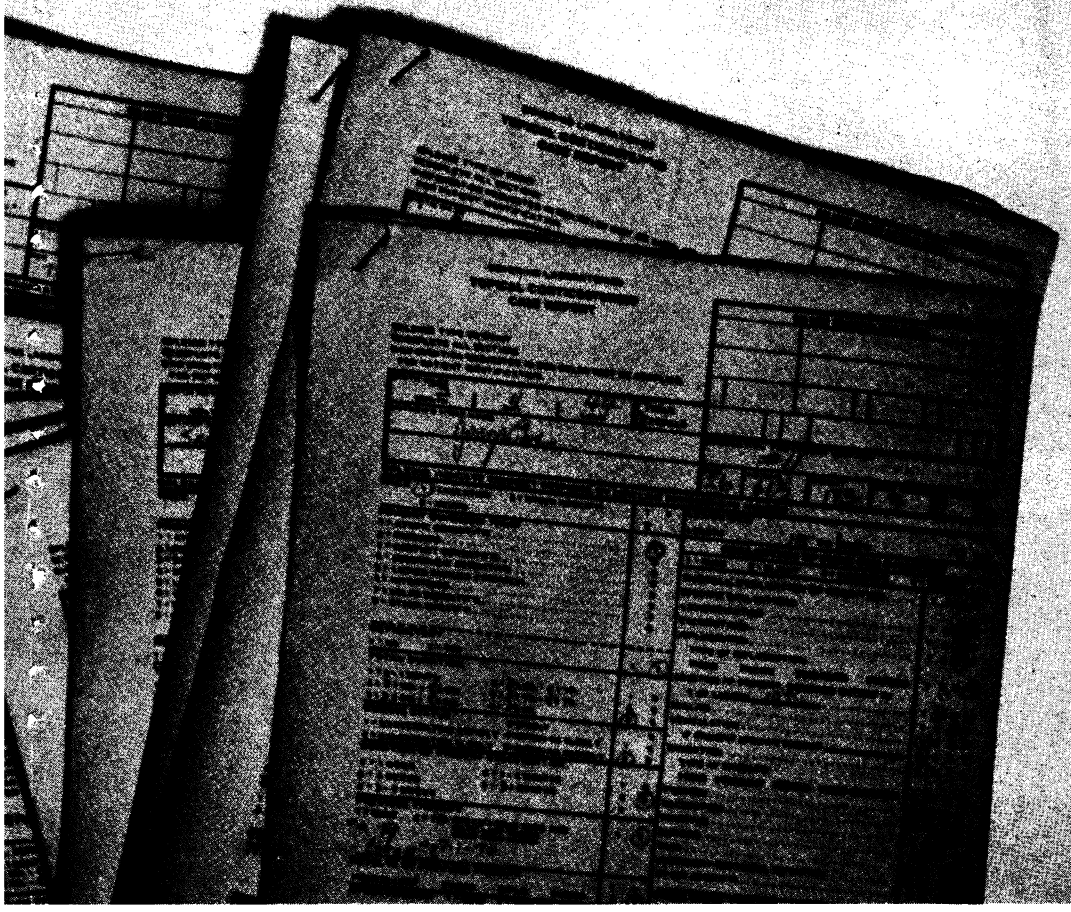
betamethasone valerate (0.1%) Cream/Ointment

Plus economy *B.i.d. dosage often found effective!*

Available in 5, 15, and 45 Gm. tubes.

96% in contact dermatitis

(81 of 84 patients)[1]



CLINICAL CONSIDERATIONS:

Description VALISONE products contain betamethasone valerate (9-fluoro-11β,17,21-trihydroxy-16β-methylpregna-1,4-diene-3,20-dione 17-valerate). Each gram of VALISONE Cream 0.1% contains 1.2 mg. betamethasone valerate (equivalent to 1.0 mg. betamethasone) in a soft, white, hydrophilic cream of water, mineral oil, petrolatum, polyethylene glycol 1000 monocetyl ether, cetostearyl alcohol, monobasic sodium phosphate, and phosphoric acid; 4-chloro-m-cresol is present as a preservative. Each gram of VALISONE Ointment 0.1% contains 1.2 mg. betamethasone valerate (equivalent to 1.0 mg. betamethasone) in an ointment base of liquid and white petrolatum, and hydrogenated lanolin. VALISONE Cream and Ointment contain no parabens.

Indications VALISONE Cream and Ointment are indicated for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses.

Contraindications VALISONE Cream and Ointment are contraindicated in vaccinia and varicella. Topical steroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

Precautions If irritation develops with the use of VALISONE Cream or Ointment, treatment should be discontinued and appropriate therapy instituted. In the presence of an infection, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled. If extensive areas are treated or if the occlusive technique is used, the possibility exists of increased systemic absorption of the corticosteroid and suitable precautions should be taken. Although topical steroids have not been reported to have an adverse effect on pregnancy, the safety of their use in pregnant females has not been absolutely established. Therefore, they should not be used extensively in pregnant patients, in large amounts, or for prolonged periods of time. VALISONE Cream and Ointment are not for ophthalmic use.

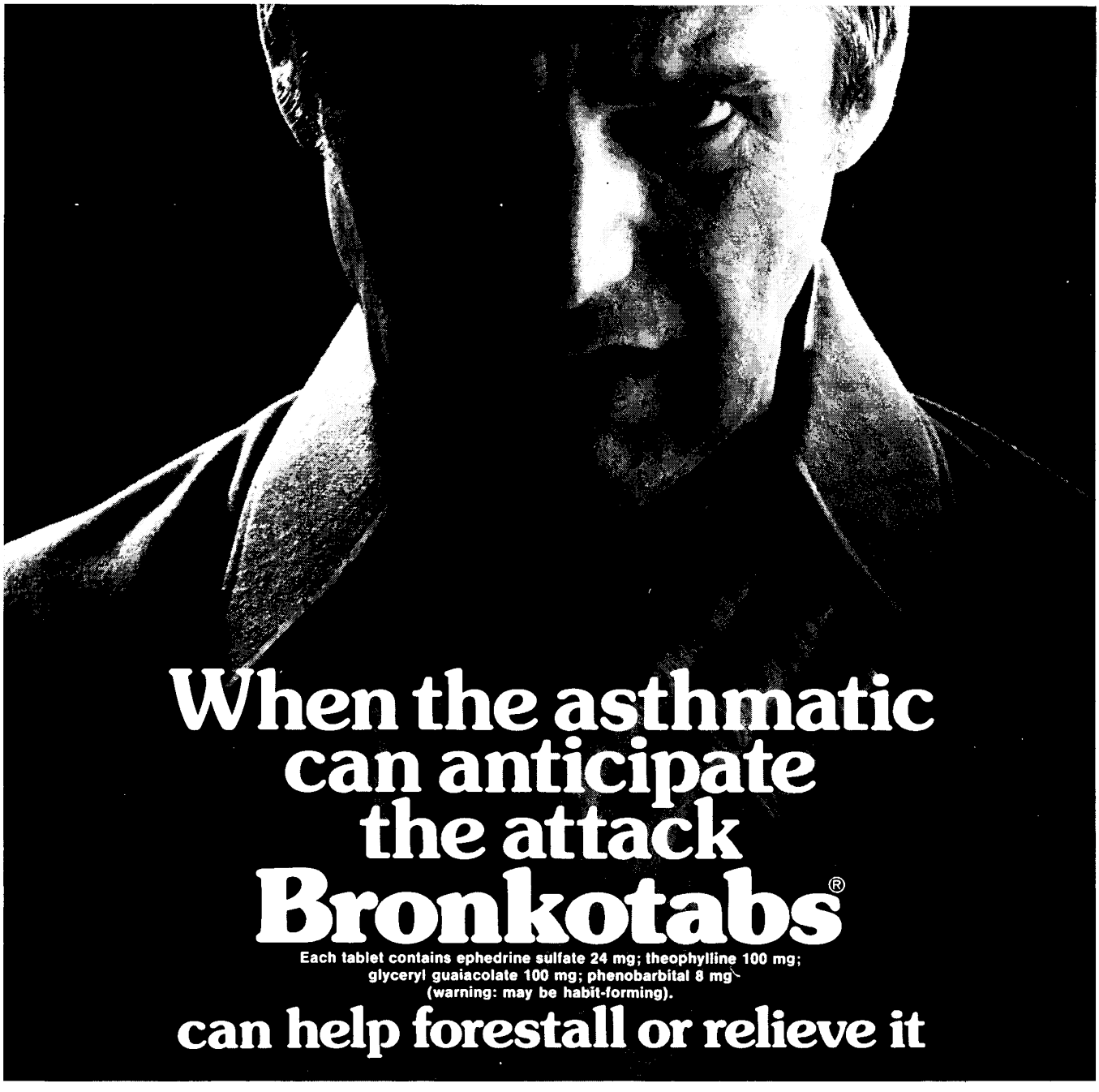
Adverse Reactions The following local adverse reactions have been reported with topical corticosteroids: burning, itching, irritation, dryness, folliculitis, hypertrichosis, acneform eruptions, and hypopigmentation. The following may occur more frequently with occlusive dressings than without such therapy: maceration of the skin, secondary infection, skin atrophy, striae, and miliaria.

Dosage and Administration Apply a thin film of VALISONE Cream or Ointment to the affected skin areas one to three times a day. Clinical studies of VALISONE have indicated that dosage only once or twice a day is often feasible and effective. AUGUST 1972

For more complete details, consult Schering literature available from your Schering Representative or Professional Services Department, Schering Corporation, Kenilworth, New Jersey 07033.

References: *(1) Files of Headquarters Medical Research Division, Schering Corporation. (2) Carter, V. H., and Noojin, R. O.: Curr. Therap. Res. 9:253, 1967. (3) Falk, M. S.: Cutis 2:788, 1966. (4) Goldblum, R. W.: Pennsylvania Med. 69:50, 1966. (5) Nierman, M. M.: J. Indiana M. A. 10:1184, 1966. (6) Zimmerman, E. H.: Arch. Dermat. 95:514, 1967.*

SLR-433



When the asthmatic can anticipate the attack Bronkotabs®

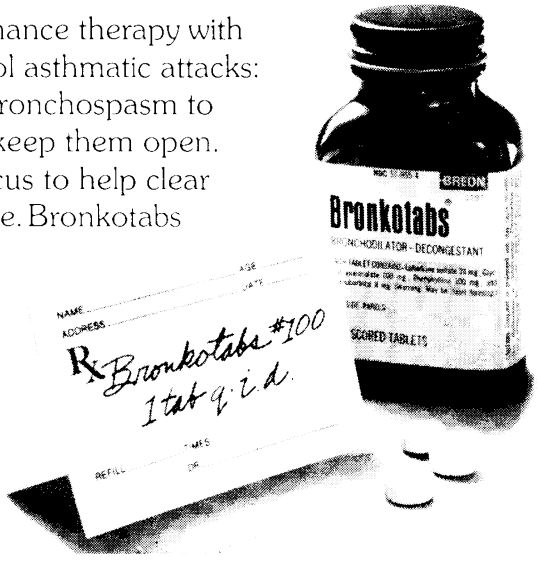
Each tablet contains ephedrine sulfate 24 mg; theophylline 100 mg; glyceryl guaiacolate 100 mg; phenobarbital 8 mg (warning: may be habit-forming).

can help forestall or relieve it

Why day to day maintenance therapy with Bronkotabs helps control asthmatic attacks:

Bronkotabs relieves bronchospasm to open airways and help keep them open.

Bronkotabs thins mucus to help clear the tracheobronchial tree. Bronkotabs decongests bronchiolar mucosa to improve the passage of air. Economical long-term therapy.



PRECAUTIONS AND ADVERSE EFFECTS: Sympathomimetic side effects are minimal, and there are none of the dangers or side effects associated with steroid therapy. However, frequent or prolonged use may cause nervousness, restlessness or sleeplessness. Should be used with caution in the presence of hypertension, heart disease or hyperthyroidism. Drowsiness may occur. Ephedrine may cause urinary retention, especially in the presence of partial obstruction, as in prostatism.

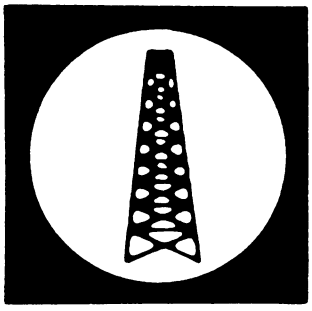
DOSAGE: Adults, one tablet every three or four hours, four or five times daily. Children over six, one-half the adult dose. Children under six, as directed.

SUPPLIED: Bottles of 100 and 1,000 tablets.

BREON

BREON LABORATORIES INC.
90 Park Avenue, New York, N.Y. 10016

10,000,000 AGGREGATE PROGRAM SUBSCRIPTION



May Petroleum Inc.

MAY SERIES B DRILLING PROGRAM

1973 B-3 PROGRAM

— A TAX SHELTERED INVESTMENT

May Petroleum Inc. is a natural gas and oil exploration company, offering a diversified program consisting of exploratory and developmental drilling over a wide geographical area. Series B Units are offered at $5000 per Unit (minimum subscription one Unit): aggregate program subscription $10,000,000: non-assessable. B-3 Program will be activated on or before November 15, 1973.

Offer limited to investors having a net worth of $200,000 or a net worth of $50,00 and being in the 50% income bracket.

For a current prospectus on May Petroleum Inc.'s Drilling Program contact:

MR. LEONARD ROSS, Thomson & McKinnon Auchincloss
929 "L" Street, Fresno, California 93721

Name_____

Address_____

City_____ State_____ Z.C._____

THE NATURAL WAY

For more than thirty years PREMARIN (Conjugated Estrogens Tablets, U.S.P.) has been prepared with natural equine estrogens exclusively—without synthetic estrogen supplements. For more than thirty years it has provided the complete estrogen complex in the proportions found in its natural source. And for more than thirty years PREMARIN has enjoyed an unparalleled record of clinical efficacy and acceptance.

PREMARIN. The only estrogen preparation available that contains natural estrogens exclusively and also meets all U.S.P. specifications for conjugated estrogens. Assurance of quality for you and your patients.

PREMARIN . . . naturally.

BRIEF SUMMARY
(For full prescribing information, see package circular.)
PREMARIN®
(Conjugated Estrogens Tablets, U.S.P.)

Indications: Based on a review of PREMARIN Tablets by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indications for use as follows:
Effective: As replacement therapy for naturally occurring or surgically induced estrogen deficiency states associated with: the climacteric, including the menopausal syndrome and postmenopause; senile vaginitis and kraurosis vulvae, with or without pruritus.
"Probably" effective: For estrogen deficiency-induced osteoporosis, and only when used in conjunction with other important therapeutic measures such as diet, calcium, physiotherapy, and good general health-promoting measures. Final classification of this indication requires further investigation.

Contraindications: Short acting estrogens are contraindicated in patients with (1) markedly impaired liver function; (2) known or suspected carcinoma of the breast, except those cases of progressing disease not amenable to surgery or irradiation occurring in women who are at least 5 years postmenopausal; (3) known or suspected estrogen-dependent neoplasia, such as carcinoma of the endometrium; (4) thromboembolic disorders, thrombophlebitis, cerebral embolism, or in patients with a past history of these conditions; (5) undiagnosed abnormal genital bleeding.
Warnings: Estrogen therapy should not be given to women with recurrent chronic mastitis or abnormal mammograms except, if in the opinion of the physician, it is warranted despite the possibility of aggravation of the mastitis or stimulation of undiagnosed estrogen-dependent neoplasia.

The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, retinal thrombosis, cerebral embolism and pulmonary embolism). If these occur or are suspected, estrogen therapy should be discontinued immediately.

Estrogens may be excreted in the mother's milk and an estrogenic effect upon the infant has been described. The long range effect on the nursing infant cannot be determined at this time.

Hypercalcemia may occur in as many as 15 percent of breast cancer patients with metastases, and this usually indicates progression of bone metastases. This occurrence depends neither on dose nor on immobilization. In the presence of progression of the cancer or hypercalcemia, estrogen administration should be stopped.

A statistically significant association has been reported between maternal ingestion of diethylstilbestrol during pregnancy and the occurrence of vaginal carcinoma in the offspring. This occurred with the use of diethylstilbestrol for the treatment of threatened abortion or high risk pregnancies. Whether or not such an association is applicable to all estrogens is not known at this time. In view of this finding, however, the use of any estrogen in pregnancy is not recommended.

Failure to control abnormal uterine bleeding or unexpected recurrence is an indication for curettage.
Precautions: As with all short acting estrogens, the following precautions should be observed:

A complete pretreatment physical examination should be performed with special reference to pelvic and breast examinations.

To avoid prolonged stimulation of the endometrium and breasts in climacteric or hypogonadal women, estrogens should be administered cyclically (3 week regimen with 1 week rest period—withdrawal bleeding may occur during rest period).

Because of individual variation in endogenous estrogen production, relative overdosage may occur which could cause undesirable effects such as abnormal or excessive uterine bleeding, mastodynia and edema.

Because of salt and water retention associated with estrogenic anabolic activity, estrogens should be used with caution in patients with epilepsy, migraine, asthma, cardiac, or renal disease.

If unexplained or excessive vaginal bleeding should occur, reexamination should be made for organic pathology.

Pre-existing uterine fibromyomata may increase in size while using estrogens; therefore, patients should be examined at regular intervals while receiving estrogenic therapy.

The pathologist should be advised of estrogen therapy when relevant specimens are submitted.

Because of their effects on epiphyseal closure, estrogens should be used judiciously in young patients in whom bone growth is incomplete.

Prolonged high dosages of estrogens will inhibit anterior pituitary functions. This should be borne in mind when treating patients in whom fertility is desired.

The age of the patient constitutes no absolute limiting factor, although treatment with estrogens may mask the onset of the climacteric.

Certain liver and endocrine function tests may be affected by exogenous estrogen administration. If test results are abnormal in a patient taking estrogen, they should be repeated after estrogen has been withdrawn for one cycle.
Adverse Reactions: The following adverse reactions have been reported associated with short acting estrogen administration:
nausea, vomiting, anorexia
gastrointestinal symptoms such as abdominal cramps and bloating
breakthrough bleeding, spotting, unusually heavy withdrawal bleeding (See DOSAGE AND ADMINISTRATION)
breast tenderness and enlargement
reactivation of endometriosis
possible diminution of lactation when given immediately postpartum
loss of libido and gynecomastia in males
edema
aggravation of migraine headaches
change in body weight (increase, decrease)
headache
allergic rash
hepatic cutaneous porphyria becoming manifest
Dosage and Administration: PREMARIN should be administered cyclically (3 weeks of daily estrogen and 1 week off) for all indications except selected cases of carcinoma and prevention of postpartum breast engorgement.

Menopausal Syndrome—1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.

If the patient has not menstruated within the last two months or more, cyclic administration is started arbitrarily. If the patient is menstruating, cyclic administration is started on day 5 of bleeding. If breakthrough bleeding (bleeding or spotting during estrogen therapy) occurs, increase estrogen dosage as needed to stop bleeding. In the following cycle, employ the dosage level used to stop breakthrough bleeding in the previous cycle. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free.

Postmenopause—as a protective measure against estrogen deficiency-induced degenerative changes (*e.g.* osteoporosis, atrophic vaginitis, kraurosis vulvae)—0.3 mg. to 1.25 mg. daily and cyclically. Adjust dosage to lowest effective level.

Osteoporosis (to retard progression)—usual dosage 1.25 mg. daily and cyclically.

Senile Vaginitis, Kraurosis Vulvae with or without Pruritus—0.3 mg. to 1.25 mg. or more daily, depending upon the tissue response of the individual patient. Administer cyclically.
How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.)

No. 865—Each *purple* tablet contains 2.5 mg., in bottles of 100 and 1,000.

No. 866—Each *yellow* tablet contains 1.25 mg., in bottles of 100 and 1,000. Also in unit dose package of 100.

No. 867—Each *red* tablet contains 0.625 mg., in bottles of 100 and 1,000.

No. 868—Each *green* tablet contains 0.3 mg., in bottles of 100 and 1,000. 7352

PREMARIN®
BRAND OF CONJUGATED ESTROGENS TABLETS, U.S.P.

CONTAINS ONLY NATURAL ESTROGENS ...NO SYNTHETICS OR SUPPLEMENTS

Ayerst.

AYERST LABORATORIES
New York, N.Y. 10017

ROCHE announces new BACTRIM™

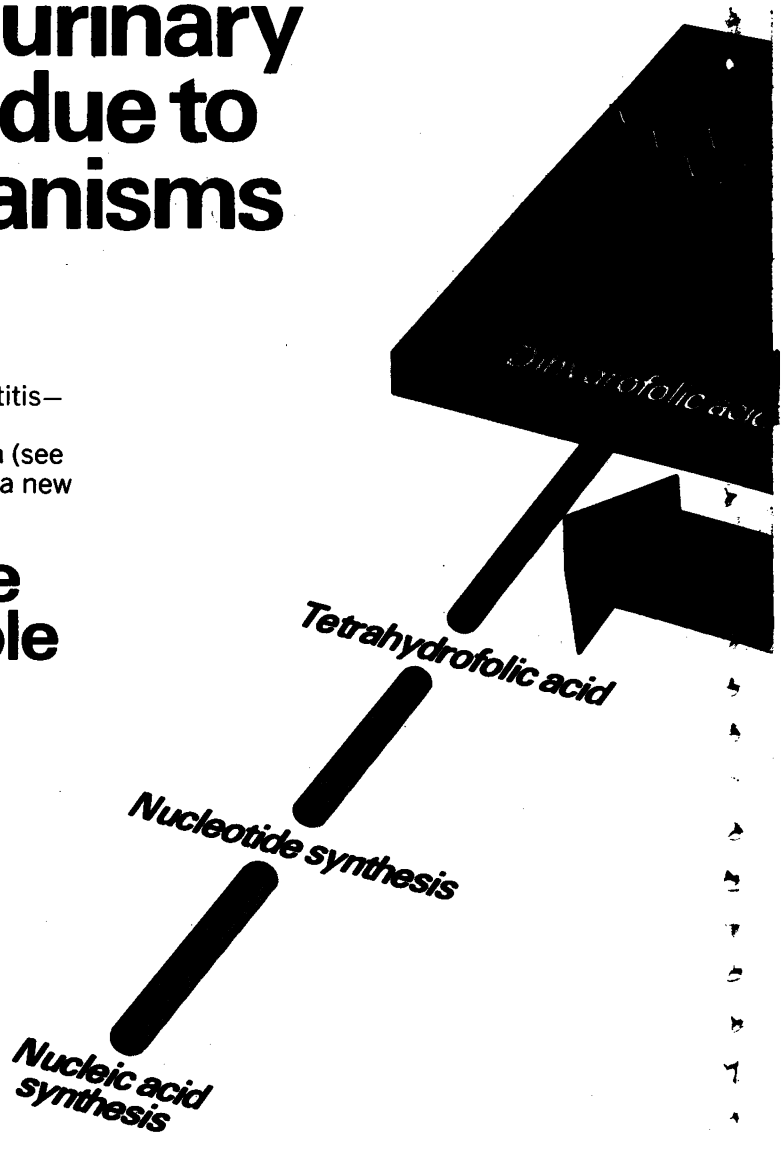
Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

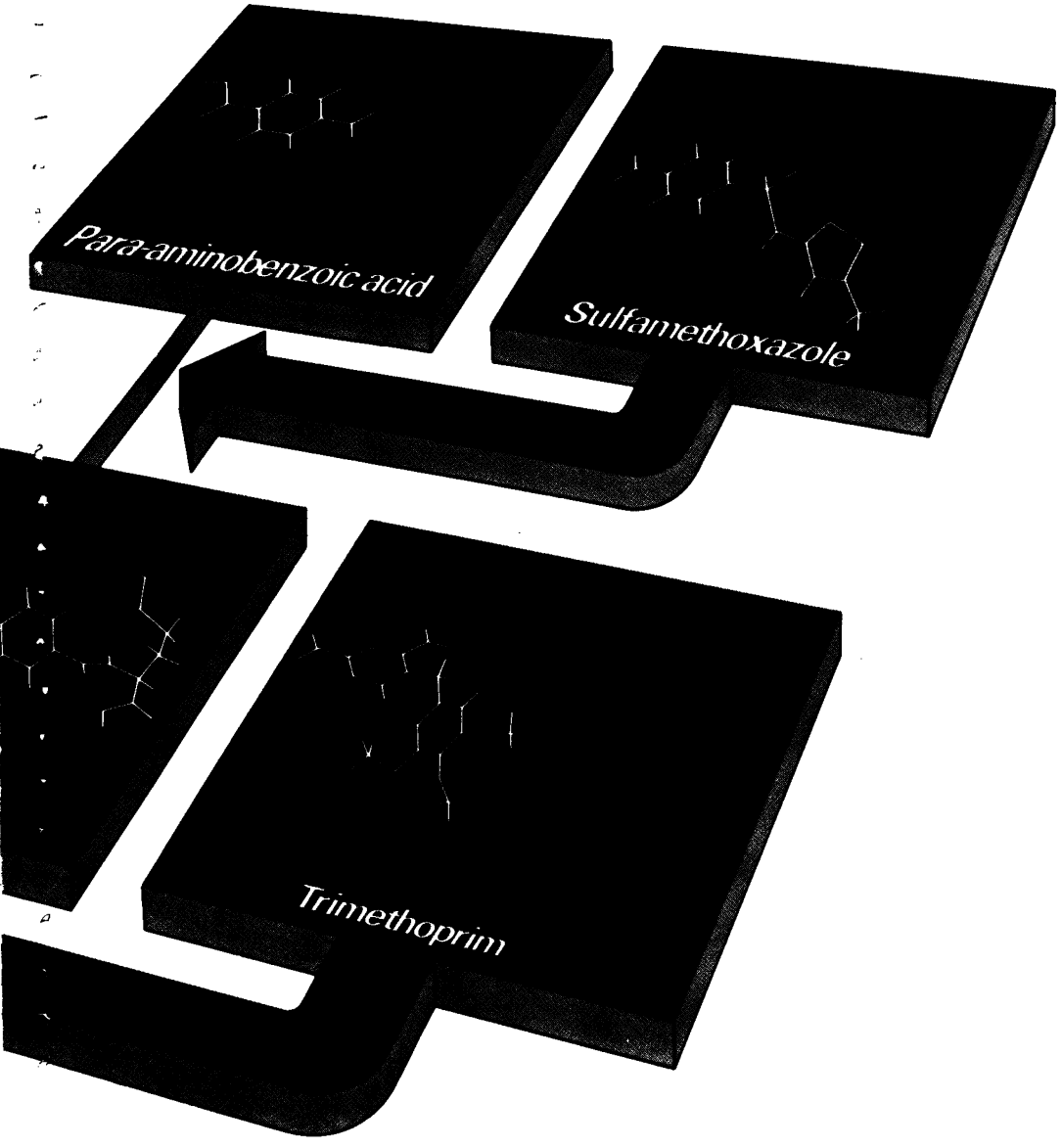
a new type of antibacterial for a two-pronged attack against chronic urinary tract infections due to susceptible organisms

Bactrim is highly effective in the treatment of these infections—primarily pyelonephritis, pyelitis and cystitis—when due to susceptible organisms. This efficacy is related to the unique mode of action against bacteria (see illustration), an action that, in effect, makes Bactrim a new type of antibacterial.

Bactrim interrupts the life cycle of susceptible bacteria

Unique mode of action interrupts the life cycle at two important points, thereby impeding the production of nucleic acids and proteins essential to these bacteria. These consecutive interruptions occur because sulfamethoxazole and trimethoprim resemble naturally existing substrates. By competitive replacement of these substrates, they inhibit further synthesis.





ROCHE

new BACTRIM™

Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

for chronic urinary tract infections

Before prescribing, please see complete product information on last page of advertisement.

Excellent clinical response in chronic urinary tract infections even with obstructive complications

A multiclinic, double-blind study* of response to a ten-day course of therapy in 471† patients with chronic urinary tract infections demonstrated the superiority of Bactrim. On the 10th day after initiation of therapy, 91.7% (of 168 patients) showed significant bacteriological response to Bactrim, compared with 81.2% (of 144 patients) to trimethoprim and 64.5% (of 155 patients) to sulfamethoxazole. More than half of these patients had obstructive complications.

Excellent response maintained

Bactrim proved equally impressive in maintaining this bacteriological response. In the above study, after a ten-day course of therapy with Bactrim, 68.4% of patients with chronic urinary tract infections *maintained* response for up to 42 consecutive days, compared with 59.7% with trimethoprim and 44.4% with sulfamethoxazole. These results are particularly noteworthy considering the number of patients with obstructive complications—cases regarded as being notoriously difficult to treat.

Prescribing considerations

Clinical Limitations: Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of chronic and recurrent urinary tract infections. Not recommended for children under twelve.

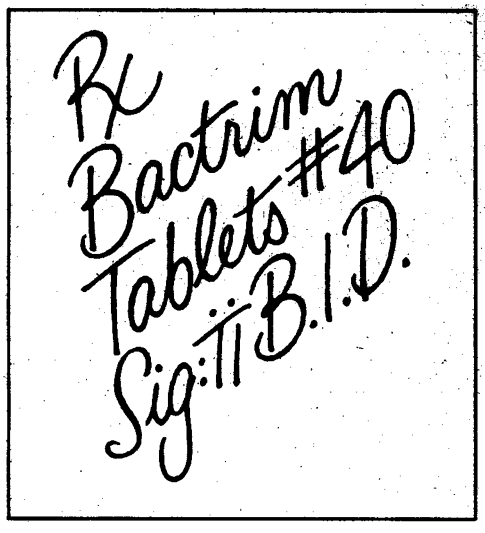
Contraindications: Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period.

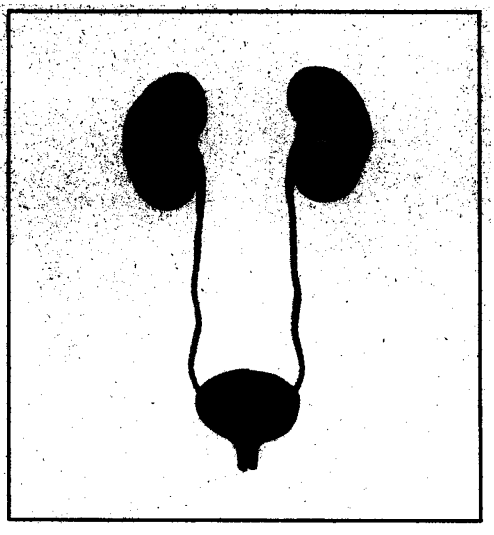
Warnings and Precautions: Both sulfamethoxazole and trimethoprim have been reported to interfere with hematopoiesis. Complete blood counts should be done frequently. If a significant reduction in the count of any formed blood element is noted, Bactrim should be discontinued. Bactrim should be given with caution to patients with impaired renal or hepatic function, possible folate deficiency, severe allergy or bronchial asthma. Maintain adequate fluid intake. Urinalyses with careful microscopic examination and renal function tests should be performed during therapy, particularly for those patients with impaired renal function.

Adverse Effects: Among the most common side effects are nausea, vomiting, rash, leukopenia and elevations in SGOT and creatinine.

Usual adult dosage: two tablets every twelve hours for 10 to 14 days; no loading dose required.

*Data on file, Hoffmann-La Roche Inc., Nutley, N.J. 07110
†4 patients not available for evaluation at day 10.





new BACTRIM™

Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

for chronic urinary tract infections

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Before prescribing, please consult complete product information on facing page.

Complete Product Information:

Description: Bactrim is a synthetic antibacterial combination product, available in scored light-green tablets, each containing 80 mg trimethoprim and 400 mg sulfamethoxazole.

Trimethoprim is 2,4-diamino-5-(3,4,5-trimethoxybenzyl) pyrimidine. It is a white to light-yellow, odorless, bitter compound with a molecular weight of 290.3.

Sulfamethoxazole is N^1-(5-methyl-3-isoxazolyl) sulfanilamide. It is an almost white in color, odorless, tasteless compound with a molecular weight of 253.28.

Actions: *Microbiology:* Sulfamethoxazole inhibits bacterial synthesis of dihydrofolic acid by competing with *para*-aminobenzoic acid. Trimethoprim blocks the production of tetrahydrofolic acid from dihydrofolic acid by binding to and reversibly inhibiting the required enzyme, dihydrofolate reductase. Thus, Bactrim blocks two consecutive steps in the biosynthesis of nucleic acids and proteins essential to many bacteria.

In vitro studies have shown that bacterial resistance develops more slowly with Bactrim than with trimethoprim or sulfamethoxazole alone.

In vitro serial dilution tests have shown that the spectrum of antibacterial activity of Bactrim includes the common urinary tract pathogens with the exception of *Pseudomonas aeruginosa.* The following organisms are usually susceptible: *Escherichia coli, Klebsiella-Enterobacter, Proteus mirabilis* and indole-positive proteus species.

Representative Minimum Inhibitory Concentration Values for Bactrim-Susceptible Organisms
(MIC—mcg/ml)

Bacteria	Trimethoprim alone	Sulfamethoxazole alone	TMP/SMX (1:20) TMP	SMX
Escherichia coli	0.05—1.5	1.0 —245	0.05—0.5	0.95— 9.5
Proteus spp. indole positive	0.5 —5.0	7.35 —300	0.05—1.5	0.95—28.5
Proteus mirabilis	0.5 —1.5	7.35 — 30	0.05—0.15	0.95— 2.85
Klebsiella-Enterobacter	0.15—5.0	0.735—245	0.05—1.5	0.95—28.5

Human Pharmacology: Bactrim is rapidly absorbed following oral administration. The blood levels of trimethoprim and sulfamethoxazole are similar to those achieved when each component is given alone. Peak blood levels for the individual components occur one to four hours after oral administration. The half-lives of sulfamethoxazole and trimethoprim, 10 and 16 hours respectively, are relatively the same regardless of whether these compounds are administered as individual components or as Bactrim. Detectable amounts of trimethoprim and sulfamethoxazole are present in the blood 24 hours after drug administration. Free sulfamethoxazole and trimethoprim blood levels are proportionately dose-dependent. On repeated administration, the steady-state ratio of trimethoprim to sulfamethoxazole levels in the blood is about 1:20.

Sulfamethoxazole exists in the blood as free, conjugated and protein-bound forms; trimethoprim is present as free, protein-bound and metabolized forms. The free forms are considered to be the therapeutically active forms. Approximately 44 percent of trimethoprim and 70 percent of sulfamethoxazole are protein-bound in the blood. The presence of 10 mg percent sulfamethoxazole in plasma decreases the protein binding of trimethoprim to an insignificant degree; trimethoprim does not influence the protein binding of sulfamethoxazole.

Excretion of Bactrim is chiefly by the kidneys through both glomerular filtration and tubular secretion. Urine concentrations of both sulfamethoxazole and trimethoprim are considerably higher than are the concentrations in the blood. When administered together as in Bactrim, neither sulfamethoxazole nor trimethoprim affects the urinary excretion pattern of the other.

Indications: Chronic urinary tract infections (primarily pyelonephritis, pyelitis and cystitis) due to susceptible organisms (usually *E. coli, Klebsiella-Enterobacter, Proteus mirabilis,* and, less frequently, indole-positive proteus species).

Important note: **Currently, the increasing frequency of resistant organisms is a limitation of the usefulness of all antibacterial agents, especially in the treatment of chronic and recurrent urinary tract infections.**

Contraindications: Hypersensitivity to trimethoprim or sulfonamides. Pregnancy and during the nursing period (see Reproduction Studies).

Warnings: Deaths associated with the administration of sulfonamides have been reported from hypersensitivity reactions, agranulocytosis, aplastic anemia and other blood dyscrasias. Experience with trimethoprim alone is much more limited, but it has been reported to interfere with hematopoiesis in occasional patients. In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombopenia with purpura has been reported.

The presence of clinical signs such as sore throat, fever, pallor, purpura or jaundice may be early indications of serious blood disorders. Complete blood counts should be done frequently in patients receiving Bactrim. If a significant reduction in the count of any formed blood element is noted, Bactrim should be discontinued.

At the present time, there is insufficient clinical information on the use of Bactrim in infants and children under 12 years of age to recommend its use.

Precautions: Bactrim should be given with caution to patients with impaired renal or hepatic function, to those with possible folate deficiency and to those with severe allergy or bronchial asthma. In glucose-6-phosphate dehydrogenase-deficient individuals, hemolysis may occur. This reaction is frequently dose-related. Adequate fluid intake must be maintained in order to prevent crystalluria and stone formation. Urinalyses with careful microscopic examination and renal function tests should be performed during therapy, particularly for those patients with impaired renal function.

Adverse Reactions: For completeness, all major reactions to sulfonamides and to trimethoprim are included below, even though they may not have been reported with Bactrim.

Blood dyscrasias: Agranulocytosis, aplastic anemia, megaloblastic anemia, thrombopenia, leukopenia, hemolytic anemia, purpura, hypoprothrombinemia and methemoglobinemia.

Allergic reactions: Erythema multiforme, Stevens-Johnson syndrome, generalized skin eruptions, epidermal necrolysis, urticaria, serum sickness, pruritus, exfoliative dermatitis, anaphylactoid reactions, periorbital edema, conjunctival and scleral injection, photosensitization, arthralgia and allergic myocarditis.

Gastrointestinal reactions: Glossitis, stomatitis, nausea, emesis, abdominal pains, hepatitis, diarrhea and pancreatitis.

C.N.S. reactions: Headache, peripheral neuritis, mental depression, convulsions, ataxia, hallucinations, tinnitus, vertigo, insomnia, apathy, fatigue, muscle weakness and nervousness.

Miscellaneous reactions: Drug fever, chills, and toxic nephrosis with oliguria and anuria. Periarteritis nodosa and L. E. phenomenon have occurred.

The sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents. Goiter production, diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. Cross-sensitivity may exist with these agents. Rats appear to be especially susceptible to the goitrogenic effects of sulfonamides, and long-term administration has produced thyroid malignancies in the species.

Dosage and Administration: Not recommended for use in children under 12 years of age.

The usual adult dosage is two tablets every 12 hours for 10 to 14 days.

For patients with renal impairment:

Creatinine Clearance (ml/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	2 tablets every 24 hours
Below 15	Use not recommended

How Supplied: Tablets, containing 80 mg trimethoprim and 400 mg sulfamethoxazole—bottles of 100 and 500; Tel-E-Dose® packages of 1000; Prescription Paks of 40, available singly and in trays of 10. Imprint on tablets: ROCHE 50.

Reproduction Studies: In rats, doses of 533 mg/kg sulfamethoxazole or 200 mg/kg trimethoprim produced teratological effects manifested mainly as cleft palates. The highest dose which did not cause cleft palates in rats was 512 mg/kg sulfamethoxazole or 192 mg/kg trimethoprim when administered separately. In two studies in rats, no teratology was observed when 512 mg/kg of sulfamethoxazole was used in combination with 128 mg/kg of trimethoprim. However, in one study, cleft palates were observed in one litter out of 9 when 355 mg/kg of sulfamethoxazole was used in combination with 88 mg/kg of trimethoprim.

In rabbits, trimethoprim administered by intubation from days 8 to 16 of pregnancy at dosages up to 500 mg/kg resulted in higher incidences of dead and resorbed fetuses, particularly at 500 mg/kg. However, there were no significant drug-related teratological effects.

BACTRIM™

Each tablet contains 80 mg trimethoprim and 400 mg sulfamethoxazole.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Who knows what evil lurks in the mucous membranes?

Trademark Ornade® knows.

Each Spansule®(brand of sustained release capsule) contains 8 mg. of Teldrin®(brand of chlorpheniramine maleate); 50 mg. of phenylpropanolamine hydrochloride; and 2.5 mg. of isopropamide, as the iodide.

Knows the public's enemies—nasal congestion, runny nose, sneezing, watery eyes.

Knows what to do about them too.

All through the dark night of upper respiratory difficulty, while ordinary cold remedies wear off, the decongestant, antihistamine, and drying agent in 'Ornade' fight the never-ending battle for comfort, symptomatic relief, and free airways.

Ornade®. Why not let it help fight your patient's cold war.

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

Indications: Upper respiratory congestion and hypersecretion associated with: the common cold; acute and chronic sinusitis; vasomotor rhinitis; allergic rhinitis (hay fever, "rose fever," etc.).

Contraindications: Hypersensitivity to any component; concurrent MAO inhibitor therapy; severe hypertension; bronchial asthma; coronary artery disease; stenosing peptic ulcer; pyloroduodenal or bladder neck obstruction. Children under 6.

Warnings: Caution patients about activities requiring alertness (e.g., operating vehicles or machinery). Warn patients of possible additive effects with alcohol and other CNS depressants.

Usage in Pregnancy: In pregnancy, nursing mothers and women who might bear children, weigh potential benefits against hazards. Inhibition of lactation may occur.

Effect on PBI Determination and I^{131} Uptake: Isopropamide iodide may alter PBI test results and will suppress I^{131} uptake. Substitute thyroid tests unaffected by exogenous iodides.

Precautions: Use cautiously in persons with cardiovascular disease, glaucoma, prostatic hypertrophy, hyperthyroidism.

Adverse Reactions: Drowsiness, excessive dryness of nose, throat or mouth; nervousness; or insomnia. Also, nausea, vomiting, epigastric distress, diarrhea, rash, dizziness, weakness, chest tightness, angina pain, abdominal pain, irritability, palpitation, headache, incoordination, tremor, dysuria, difficulty in urination, thrombocytopenia, leukopenia, convulsions, hypertension, hypotension, anorexia, constipation, visual disturbances, iodine toxicity (acne, parotitis).

Supplied: Bottles of 50 capsules.

SK&F *Smith Kline & French Laboratories*

THE FIVE FACES OF HYPERLIPIDEMIA

Choledyl®
(sodium dextrothyroxine)

WHEN FACED WITH CHOLESTEROL ELEVATION

Choloxin® (sodium dextrothyroxine)

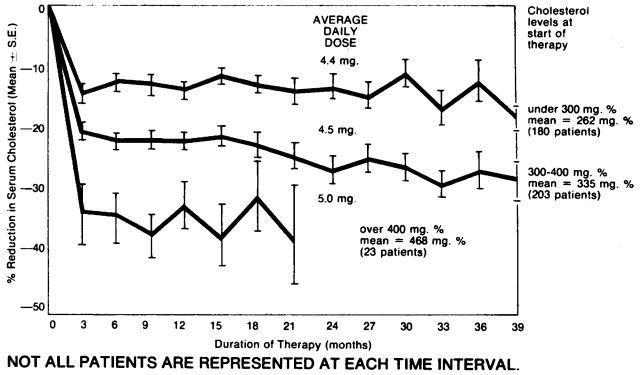
IS A PRACTICAL ANSWER

When faced with a diagnosed hypercholesterolemic patient, CHOLOXIN is a practical and appropriate drug to select. It is a thyroid analogue which effectively lowers elevated serum cholesterol 15 to 35% (see adjacent chart) in Types II and III patients . . . for treatment of hypercholesterolemia in euthyroid, non-cardiac patients.

Although the mechanism of action of CHOLOXIN therapy has not been conclusively demonstrated, animal studies show both increased oxidative catabolism in the liver and excretion of cholesterol and its degradation products via the biliary route.

AN IMPORTANT NOTE:
It has not been established whether drug-induced lowering of serum cholesterol or other lipid levels has a detrimental, a beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations can yield an answer to this question.

Effect of sustained therapy at constant dosage in 406 euthyroid patients. The mean control values were at 262, 335 and 468 mg. %.



NOT ALL PATIENTS ARE REPRESENTED AT EACH TIME INTERVAL.

Choloxin®
(sodium dextrothyroxine)

Description

CHOLOXIN (sodium dextrothyroxine) is the sodium salt of the dextrorotatory isomer of thyroxine. It is chemically described as D-3,5,3′,5′-tetraiodothyronine sodium salt.

Actions

The predominant effect of CHOLOXIN (sodium dextrothyroxine) is the reduction of serum cholesterol levels in hyperlipidemic patients. Beta lipoprotein and triglyceride fractions may also be reduced from previously elevated levels.

Most of the available evidence indicates that CHOLOXIN stimulates the liver to increase catabolism and excretion of cholesterol and its degradation products via the biliary route into the feces. Cholesterol synthesis is not inhibited and abnormal metabolic end-products do not accumulate in the blood.

Indications

This is not an innocuous drug. Strict attention should be paid to the indications and contraindications.

CHOLOXIN (sodium dextrothyroxine) is an antilipidemic agent used as an adjunct to diet and other measures for the reduction of elevated serum cholesterol (low density lipoproteins) in euthyroid patients with no known evidence of organic heart disease.

The drug is also indicated in the treatment of hypothyroidism in patients with cardiac disease who cannot tolerate other types of thyroid medication.

Before prescribing, note the following: Results from a randomized clinical study have indicated a possible adverse effect when CHOLOXIN is administered to a patient receiving a digitalis preparation. There may be an additive effect. This additive effect may possibly stimulate the myocardium excessively in patients with significant myocardial impairment. CHOLOXIN dosage should not exceed 4 mg per day when the patient is receiving a digitalis preparation concomitantly. Careful monitoring of the total effect of both drugs is important.

It has not been established whether the drug-induced lowering of serum cholesterol or lipid levels has a detrimental, beneficial, or no effect on the morbidity or mortality due to atherosclerosis or coronary heart disease. Several years will be required before current investigations will yield an answer to this question.

Contraindications

The administration of CHOLOXIN (sodium dextrothyroxine) to euthyroid patients with one or more of the following conditions is contraindicated:

1. Known organic heart disease, including angina pectoris; history of myocardial infarction; cardiac arrhythmia or tachycardia, either active or in patients with demonstrated propensity for arrhythmias; rheumatic heart disease; history of congestive heart failure; and decompensated or borderline compensated cardiac status.
2. Hypertensive states (other than mild, labile systolic hypertension).
3. Advanced liver or kidney disease.
4. Pregnancy.
5. Nursing mothers.
6. History of iodism.

Warnings

CHOLOXIN (sodium dextrothyroxine) may potentiate the effects of anticoagulants on prothrombin time. Reductions of anticoagulant dosage by as much as 30% have been required in some patients. Consequently, the dosage of anticoagulants should be reduced by one-third upon initiation of CHOLOXIN therapy and the dosage subsequently readjusted on the basis of prothrombin time. The prothrombin time of patients receiving anticoagulant therapy concomitantly with CHOLOXIN therapy should be observed as frequently as necessary, but at least weekly, during the first few weeks of treatment.

In the surgical patient, it is wise to consider withdrawal of the drug two weeks prior to surgery if the use of anticoagulants during surgery is contemplated.

When CHOLOXIN is used as thyroid replacement therapy in hypothyroid patients with concomitant coronary artery disease (especially those with a history of angina pectoris or myocardial infarction) or other cardiac disease, treatment should be initiated with care. Special consideration of the dosage schedule of CHOLOXIN is required. This drug may increase the oxygen requirements of the myocardium, especially at high dosage levels. Treated subjects with coronary artery disease must be seen at frequent intervals. If aggravation of angina or increased myocardial ischemia, cardiac failure, or clinically significant arrhythmia develops during the treatment of hypothyroid patients, the dosage should be reduced or the drug discontinued.

Special consideration must be given to the dosage of other thyroid medications used concomitantly with CHOLOXIN. As with all thyroactive drugs, hypothyroid patients are more sensitive to a given dose of CHOLOXIN than euthyroid patients.

Epinephrine injection in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This condition may be enhanced in patients receiving thyroid analogues. These phenomena should be kept in mind when catecholamine injections are required in sodium dextrothyroxine-treated patients with coronary artery disease.

Since the possibility of precipitating cardiac arrhythmias during surgery may be greater in patients treated with thyroid hormones, it may be wise to discontinue CHOLOXIN in euthyroid patients at least two weeks prior to an elective operation. During emergency surgery in euthyroid patients, and in surgery in hypothyroid patients in whom it may be advisable to withdraw therapy, the patients should be carefully observed.

There are reports that sodium dextrothyroxine in diabetic patients is capable of increasing blood sugar levels with a resultant increase in requirements of insulin or oral hypoglycemic agents. Special attention should be paid to parameters necessary for good control of the diabetic state in dextrothyroxine-treated subjects and to dosage requirements of insulin or other antidiabetic drugs. If sodium dextrothyroxine is later withdrawn from patients who had required an increase of insulin (or oral hypoglycemic agents) dosage during its administration, the dosage of antidiabetic drugs should be reduced and adjusted to maintain good control of the diabetic state.

When either or both impaired liver or kidney function are present, the advantages of CHOLOXIN therapy must be weighed against the possibility of deleterious results.

Usage in Women of Childbearing Age

Women of childbearing age with familial hypercholesterolemia or hyperlipemia should not be deprived of the use of this drug; it can be given to those patients exercising strict birth control procedures. Since pregnancy may occur despite the use of birth control procedures, administration of CHOLOXIN (sodium dextrothyroxine) to women of this age group should be undertaken only after weighing the possible risk to the fetus against the possible benefits to the mother. Teratogenic studies in two animal species have resulted in no abnormalities in the offspring.

Precautions

It is expected that patients on dextrothyroxine therapy will show greatly increased serum protein-bound-iodine levels. These increased serum PBI values are evidence of absorption and transport of the drug, and should NOT be interpreted as evidence of hypermetabolism; similarly, they may not be used for titrating the effective dose of CHOLOXIN (sodium dextrothyroxine). PBI values in the range of 10 to 25 mcg% in treated patients are common.

If signs or symptoms of iodism develop during CHOLOXIN therapy, the drug should be discontinued.

A few children with familial hypercholesterolemia have been treated with CHOLOXIN for periods of one year or longer with no adverse effects on growth. However, it is recommended that the drug be continued in patients in this age group only if a significant serum cholesterol-lowering effect is observed.

Adverse Reactions

The side effects attributed to dextrothyroxine therapy are, for the most part, due to increased metabolism, and may be minimized by following the recommended dosage schedule. Adverse effects are least commonly seen in euthyroid patients with no signs or symptoms of organic heart disease; the incidence of adverse effects is increased in hypothyroid patients, and is highest in those patients with organic heart disease superimposed on the hypothyroid state.

In the absence of known organic heart disease, some cardiac changes may be precipitated during sodium dextrothyroxine therapy. In addition to angina pectoris, arrhythmia consisting of extrasystoles, ectopic beats, or supraventricular tachycardia, ECG evidence of ischemic myocardial changes and increase in heart size have been observed. Myocardial infarctions, both fatal and nonfatal, have occurred, but these are not unexpected in untreated patients in the age groups studied. It is not known whether any of these infarcts were drug related.

Changes in clinical status that may be related to the metabolic action of the drug include the development of insomnia, nervousness, palpitations, tremors, loss of weight, lid lag, sweating, flushing, hyperthermia, hair loss, diuresis, and menstrual irregularities. Gastrointestinal complaints during therapy have included dyspepsia, nausea and vomiting, constipation, diarrhea, and decrease in appetite.

Other side effects reported to be associated with CHOLOXIN (sodium dextrothyroxine) therapy include the development of headache, changes in libido (increase or decrease), hoarseness, tinnitus, dizziness, peripheral edema, malaise, tiredness, visual disturbances, psychic changes, paresthesia, muscle pain, and various bizarre subjective complaints. Skin rashes, including a few which appeared to be due to iodism, and itching have been attributed to dextrothyroxine by some investigators. Gallstones have been discovered in occasional dextrothyroxine-treated patients and cholestatic jaundice has occurred in one patient, although its relationship to CHOLOXIN therapy was not established.

In several instances, the previously existing conditions of the patient appeared to continue or progress during the administration of CHOLOXIN; a worsening of peripheral vascular disease, sensorium, exophthalmos, and retinopathy have been reported.

CHOLOXIN potentiates the effects of anticoagulants, such as warfarin or Dicumarol, on prothrombin time, thus indicating a decrease in the dosage requirements of the anticoagulants. On the other hand, dosage requirements of antidiabetic drugs have been reported to be increased during dextrothyroxine therapy (see WARNINGS section).

Dosage and Administration

For **adult** euthyroid hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN (sodium dextrothyroxine) is 4 to 8 mg per day. The initial daily dose should be 1 to 2 mg to be increased in 1 to 2 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, if that dosage level is indicated to effect the desired lowering of serum cholesterol.

When used as partial or complete substitution therapy for levothyroxine in hypothyroid patients with cardiac disease who cannot tolerate other types of thyroid medication, the initial daily dose should be 1 mg to be increased in 1 mg increments at intervals of not less than one month to a maximum level of 4 to 8 mg daily, preferably the lower dosage. The maximum in patients receiving digitalis therapy is 4 mg.

For **pediatric** hypercholesterolemic patients, the recommended maintenance dose of CHOLOXIN is approximately 0.1 mg per kilogram. The initial daily dosage should be approximately 0.05 mg per kilogram to be increased in up to 0.05 mg per kilogram increments at monthly intervals. The recommended maximal dose is 4 mg daily, if that dosage is indicated to effect the desired lowering of serum cholesterol.

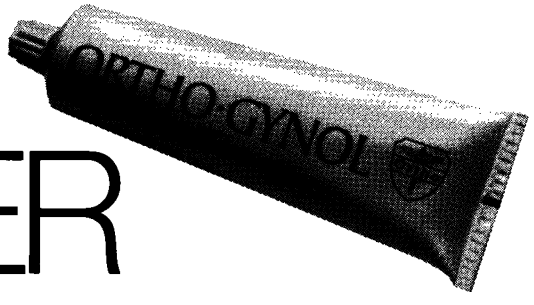
If new signs or symptoms of cardiac disease develop during the treatment period, the drug should be withdrawn.

How Supplied

CHOLOXIN (sodium dextrothyroxine) is supplied in prescription packages of scored 1, 2, 4, and 6 mg tablets.

FLINT LABORATORIES
DIVISION OF TRAVENOL LABORATORIES, INC.
Morton Grove, Illinois

A VERY SOUND BARRIER



For patients who can't or won't use the "pill" or an IUD

While no contraceptive is one hundred percent effective, the Ortho All-Flex Diaphragm and Ortho-Gynol Contraceptive Jelly, together, act as a very effective barrier to conception and is a method that is rarely contraindicated.

Ortho All-Flex is designed to provide comfort and reliability and to meet the highest esthetic standards of the most discriminating women.

Ortho All-Flex Diaphragms are made of high quality, long-lasting latex. They won't discolor when used with Ortho-Gynol Contraceptive Jelly or Ortho-Creme* since these contain no phenylmercuric acetates. No introducer is needed; the unique spring-within-a-spring construction forms a perfect arc wherever compressed.

Consider the advantages of prescribing the Ortho All-Flex Diaphragm and Ortho-Gynol when you and your patient decide on the diaphragm and jelly method of conception control.

If you would like a professional fitting-ring set and fitting-procedure brochure, please contact your Ortho representative.

Ortho Pharmaceutical Corporation, Raritan, New Jersey 08869

The Ortho All-Flex* Diaphragm with Ortho-Gynol* Contraceptive Jelly

*Trademark

Recommendations† on Combination Live Virus Vaccines

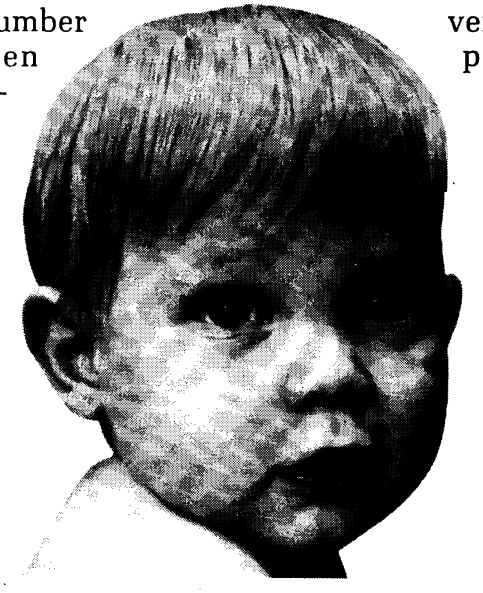
American Academy of Pediatrics

Committee on Infectious Diseases

In the September 15, 1971 *AAP Newsletter* sent to Academy members, the Committee on Infectious Diseases of the American Academy of Pediatrics stated its recommendations on the use of combination live virus vaccines. After a careful review of available data, the committee concluded that:

- "This information indicates that the products are both safe and effective when used as directed."
- The vaccine "...can, therefore, be recommended with the obvious advantages of reduction in the number of injections for any given child and a concomitant decrease in the required visits to a physician's office or clinic."

†For complete text of both recommendations see your MSD representative or write to Professional Service Dept., Merck Sharp & Dohme, West Point, Pa. 19486.



United States Public Health Service

Advisory Committee on Immunization Practices

In the April 24, 1971 issue of *Morbidity and Mortality Weekly Report,* the Advisory Committee on Immunization Practices of the United States Public Health Service presented recommendations on the use of combination live virus vaccines. The committee stated that:

- "Data indicate that antibody response to each component of these combination vaccines is comparable with antibody response to the individual vaccines given separately.
- "There is no evidence that adverse reactions to the combined products occur more frequently or are more severe than known reactions to the individual vaccines (see pertinent ACIP recommendations).
- "The obvious convenience of giving already selected antigens in combined form should encourage consideration of using these products when appropriate."

M-M-R*

(MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | MSD)

Single-dose vials

M-M-R, given in a single injection, fits easily into your routine immunization program for well babies.

Given at age 12 months, M-M-R provides for vaccination early in life against measles, mumps, and rubella.

MSD suggested immunization schedule for well babies	
Age	**Vaccine(s)**
2 months	DPT (diphtheria-pertussis-tetanus) Oral poliomyelitis vaccine (triple)
3 months	DPT[1]
4 months	DPT Oral poliomyelitis vaccine (triple)
6 months	Oral poliomyelitis vaccine (triple)
12 MONTHS	**M-M-R (MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE, MSD)**

1. This vaccination may be given at 3 months, 5 months, or at 6 months, depending on your preference or on the condition of the child.

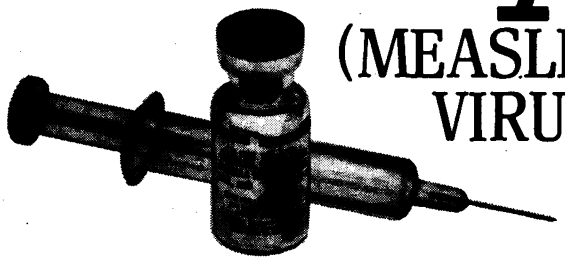
Since vaccination with a live virus vaccine may depress the results of a tuberculin test for four weeks or longer, the test and the vaccine should not be given during the same office visit.

*Trademark of Merck & Co., Inc.

For a brief summary of prescribing information, please see following page.

M-M-R

(MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE | MSD)



Single-dose vials

No untoward reactions peculiar to the combination vaccine (M-M-R) have been reported.

Moderate fever (101–102.9 F) occurs occasionally. High fever (over 103 F) occurs less commonly. On rare occasions, children who develop fever may exhibit febrile convulsions. Rash (usually minimal and without generalized distribution) may occur infrequently.

Since clinical experience with measles, mumps, and rubella virus vaccines given individually indicates that very rarely encephalitis and other nervous system reactions have occurred, such reactions may also occur with M-M-R. A cause and effect relationship, however, has not been established.

Excretion of the live attenuated rubella virus from the throat has occurred in the majority of susceptible individuals administered the rubella vaccine. There is no definitive evidence to indicate that such virus is contagious to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission, while accepted as a theoretical possibility, has not been regarded as a significant risk.

Must not be given to women who are pregnant or who might become pregnant within three months following vaccination.

Contraindications: Pregnancy or possibility of pregnancy within three months following vaccination; infants less than one year old; sensitivity to chicken or duck, chicken or duck eggs or feathers, or neomycin; any febrile respiratory illness or other active febrile infection; active untreated tuberculosis; therapy with ACTH, corticosteroids, irradiation, alkylating agents, or antimetabolites; blood dyscrasias, leukemia, lymphomas of any type, or other malignant neoplasms affecting the bone marrow or lymphatic systems; gamma globulin deficiency, i.e., agammaglobulinemia, hypogammaglobulinemia, and dysgammaglobulinemia.

Precautions: Administer subcutaneously; do not give intravenously. Epinephrine should be available for immediate use should an anaphylactoid reaction occur.

Should not be given less than one month before or after immunization with other *live* virus vaccines; vaccination should be deferred for at least six weeks following blood transfusions or administration of more than 0.02 cc immune serum globulin (human) per pound of body weight, or human plasma.

Due caution should be employed in children with a history of febrile convulsions, cerebral injury, or any other condition in which stress due to fever should be avoided. The physician should be alert to the temperature elevation which may occur after vaccination.

Excretion of the live attenuated rubella virus from the throat has occurred in the majority of susceptible individuals administered the rubella vaccine. There is no definitive evidence to indicate that such virus is contagious to susceptible persons who are in contact with the vaccinated individuals. Consequently, transmission, while accepted as a theoretical possibility, has not been regarded as a significant risk.

Attenuated live virus measles and mumps vaccines, given separately, may temporarily depress tuberculin skin sensitivity; therefore, if a tuberculin test is to be done, it should be scheduled before vaccination, to avoid the possibility of a false negative response.

Before reconstitution, refrigerate vaccine at 2–8 C (35.6–46.4 F) and *protect from light.* Use only diluent supplied to reconstitute vaccine. If not used immediately, return reconstituted vaccine to refrigerator at 2–8 C (35.6–46.4 F), and discard after eight hours.

Adverse Reactions: Fever, rash; mild local reactions such as erythema, induration, tenderness, regional lymphadenopathy; parotitis; thrombocytopenia and purpura; allergic reactions such as urticaria; arthritis, arthralgia, and polyneuritis.

Occasionally, moderate fever (101–102.9 F); less commonly, high fever (above 103 F); rarely, febrile convulsions.

Encephalitis and other nervous system reactions that have occurred very rarely with the individual vaccines may also occur with the combined vaccine.

Transient arthritis, arthralgia, and polyneuritis are features of natural rubella and vary in frequency and severity with age and sex, being greatest in adult females and least in prepubertal children. Such reactions have been reported with live attenuated rubella virus vaccines. Symptoms relating to joints (pain, swelling, stiffness, etc.) and to peripheral nerves (pain, numbness, tingling, etc.) occurring within approximately two months after immunization should be considered as possibly vaccine related. Symptoms have generally been mild and of no more than three days' duration. The incidence in prepubertal children would appear to be less than 1% for reactions that would interfere with normal activity or necessitate medical attention.

How Supplied: Single-dose vials of lyophilized vaccine, containing when reconstituted not less than 1,000 $TCID_{50}$ (tissue culture infectious doses) of measles virus vaccine, live, attenuated, 5,000 $TCID_{50}$ of mumps virus vaccine, live, and 1,000 $TCID_{50}$ of rubella virus vaccine, live, expressed in terms of the assigned titer of the NIH Reference Measles, Mumps, and Rubella Viruses, and approximately 25 mcg neomycin, with a disposable syringe containing diluent and fitted with a 25-gauge, 5/8" needle. Also in boxes of 10 single-dose vials nested in a pop-out tray with a separate box of 10 diluent-containing syringes.

For more detailed information, consult your MSD representative or see full prescribing information. Merck Sharp & Dohme, Division of Merck & Co., INC., West Point, Pa. 19486

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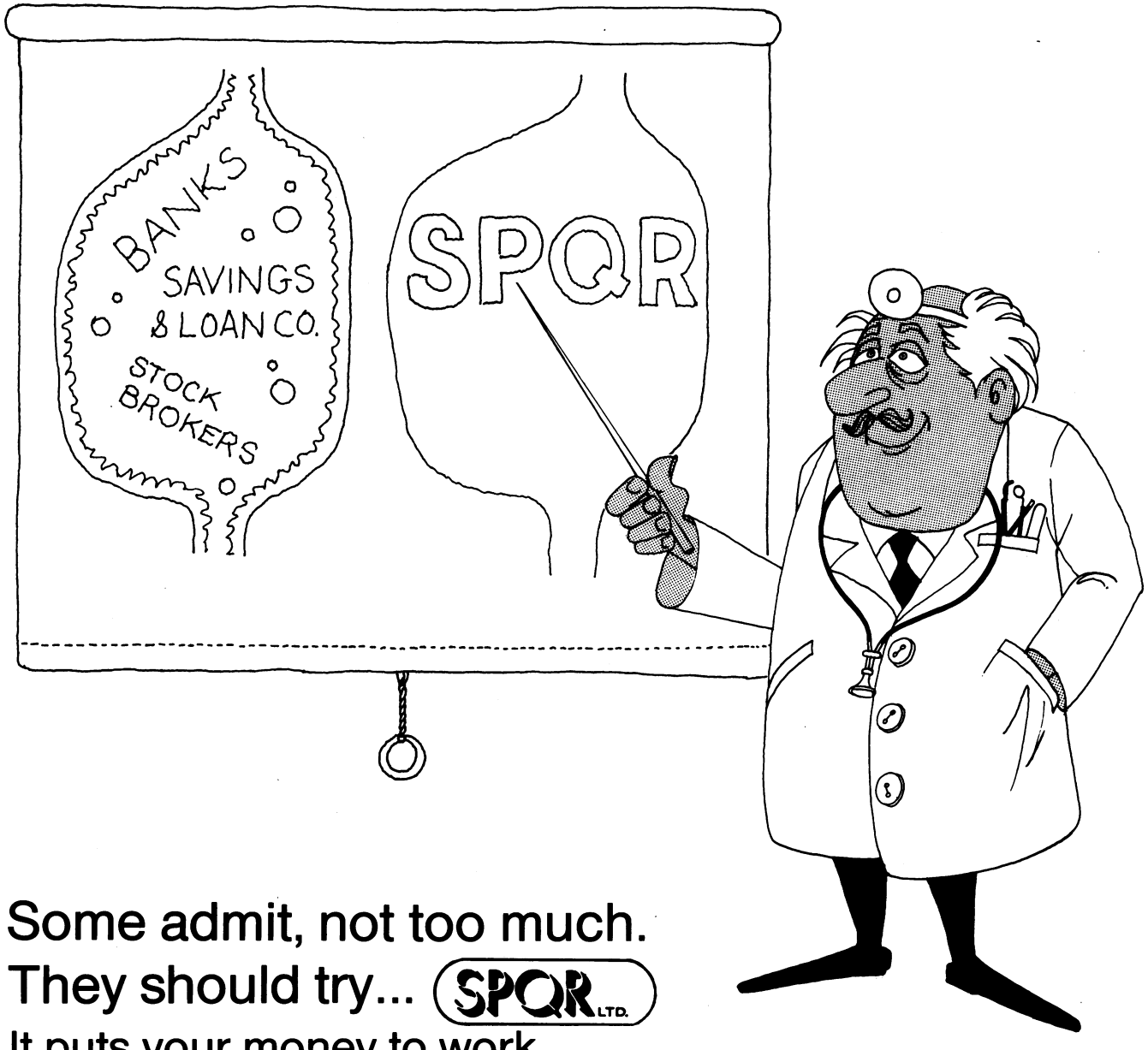

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Opinion & Dialogue

"Prescription drugs – who should determine the maker?"

Dispenser of Medicine

Clifton J. Latiolais
President
American Pharmaceutical Association

Maker of Medicine

C. Joseph Stetler
President
Pharmaceutical Manufacturers Association

"Too many doctors are indifferent to the economic consequences of their decisions." So stated a recent issue of *Medical News Report* (December 4, 1972), an independent weekly newsletter published by former AMA Chief Executive F. J. L. Blasingame, M.D.

Doctor, are you indifferent...?

In discussing an anticipated increase in Blue Shield rates, Dr. Blasingame's newsletter had this to say:

"In general, it can be said, MD's have given the impression they are not particularly concerned with the increase in cost of health care to their patients...

"True, an MD's training is primarily scientific, but in the real world of practice, all of his scientific decisions have a price tag, or an economic impact. The economics of health care beckon the practitioner's attention. Concern for economics of medicine

When the pharmacist recommends that a drug product other than the one ordered be dispensed, the prescriber invariably permits the change when he feels the best interests of the patient will be served.

Shortcomings of Pro-Substitution Argument

The fact remains that it is necessary for the prescriber to know that the change is being contemplated, and to be in a position to consent or demur. Without that opportunity, the unilateral decision of the pharmacist, made in the absence of clinical knowledge of the patient, could expose him to needless risks, and in addition, jeopardize the relationship between the professions of Pharmacy and Medicine. In my view, there is nothing in the pro-substitution argument that offsets these risks.

The Issue of Drug Knowledge

Substitution advocates claim that the primary justification for changing the rules is the desire to better utilize pharmacists' knowledge about drugs. Yet the pharmacist's task to keep current on the entire field of drug therapy, to some degree, puts him at a disadvantage. Most often, a practicing physician will need expert knowledge of no more than 25

should be an obligation of medical practice...

"Medical societies ought to conduct continuing campaigns to point out the substantial savings that could be realized thru deductible insurance and protection for catastrophic illness. At the very least, they should, in the patients' interest, question the tactics of any insurance organization that raises health care costs by forcing policyholders to buy insurance they may not need or want and probably won't ever use.

"Too many doctors are indifferent to the economic consequences of their decisions. Too many, for example, habitually hospitalize patients for the convenience of the MD. It's nonsense to deny such habits exist...

"Doctors, thru their medical societies, have unhesitatingly appealed to their patients for support in the fight against government interference with the private practice of medicine. And the public in the past has responded. It's time the American Medical Association and state and local medical societies paid off the debt by decisive action to hold down the cost of medical care."

Cost of Drugs

Insurance rates and hospital charges are only two factors in health care costs. The cost of drugs—both prescription and nonprescription—is another.

And when it comes to drug costs, the nation's pharmacists *are concerned.* Through their national professional society, the American Pharmaceutical Association, pharmacists are advising the public to use nonprescription medication cautiously and conservatively, and to seek the advice of their pharmacist before selecting or purchasing such drugs.

Outdated Laws

The pharmacist also is aware that when it comes to prescription drugs, often he has an even greater opportunity to reduce the cost to the patient—with no sacrifice in the quality of the medication dispensed. But in many states, outdated and antiquated laws prevent the pharmacist from engaging in drug product selection. "Drug product selection" simply means that the pharmacist functions in the patient's interest by consciously choosing, from the multiple brands available, a low-cost quality brand of the specific drug to be dispensed in response to the physician's prescription order.

Much *misinformation* has been purposely spread by those who stand to gain financially by maintaining high drug costs to the public. An endless stream of propaganda has emanated from the drug industry in an effort to persuade the medical profession that these so-called anti-substitution laws should be retained. And as long as these laws are retained, the drug industry will continue its current marketing practices which contribute unnecessarily to high drug costs to patients. These practices also are inviting government agencies to expand their restrictive controls on physicians and pharmacists.

APhA Efforts

As pharmacists, we are concerned about health care costs. We hope that every physician shares our concern on this vital issue, and will give his personal support to the constructive efforts APhA has undertaken in the interest of all patients.

(For a complete discussion of drug product selection, you are invited to request a free copy of the "White Paper on the Pharmacist's Role in Product Selection" from: American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.)

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or 30 drugs that he selects to treat the majority of conditions encountered in his practice. Moreover, the physician's choice of a specific brand is based on his knowledge of the patient's medical history and current condition, and his experiences with the particular manufacturer's product.

Some substitution proponents have argued that the dispensing of a prescription is a simple two-party transaction between the pharmacist and the patient, and that a substituting pharmacist may avoid even a technical breach of contract by simply notifying the patient that he is making the substitution. I would judge that few courts would be sympathetic toward a pharmacist who substituted without physician approval and who undertook a legal defense that seeks to make the patient responsible for the pharmacist's actions.

Reduced Prescription Prices?

Substitution advocates are suggesting to the consumer, and particularly the consumer activist, that reduced prescription prices could follow legalization of substitution. We have seen absolutely no evidence to justify this claim. To the contrary, experience in Alberta, Canada, where substitution is authorized, suggests the opposite.

Many pharmacists understandably are concerned about the cost of maintaining multiple stocks of similar products. While there is no doubt that inventory costs rise when additional brands are stocked, it would be interesting to know how much they rise, and how many pharmacists actually stock *all* brands—of, say, ampicillin or tetracycline—or how long they keep "slow moving" products on their shelves before they are returned for credit. To ask that the industry eliminate multiple sources is to ask competitors to stop competing.

Drug Substitution—A License for the Unethical

Anti-substitution repeal would favor "corner cutting" pharmacists and manufacturers. For them, free substitution would be not a right, but a license. As an aftermath, it is quite likely that the confidence of both physicians and patients in the profession of Pharmacy would be eroded, as revelations about the unconscionable behavior of an undisciplined few were magnified in the press or in professional circles.

Summary

In short, what the American Pharmaceutical Association advocates as a broad-spectrum panacea looks to us to be not only a minority view (advocacy of substitution is by no means a uniform policy in Pharmacy), but also an extraordinarily costly and ineffective remedy, whose side effects are odious. We believe (1) that an impressive majority of pharmacists prefer to work with Medicine and with industry, for the consumer, and for the general good, (2) that they seek the privilege to substitute when the patient might gain and when the patient's doctor agrees, and (3) that they seek to work for the resolution of genuine grievances openly and professionally.

(For amplification of PMA views, please write for our booklet, "The Medications Physicians Prescribe: Who Shall Determine the Source?" It is available from: Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.)

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Seven years old, a future ballet dancer... and an 8-month history of repeated cystitis that the equally repeated courses of antibiotics have "cured" but not stopped. Kidney impairment is all too possible.

One of those special patients...with a vulnerable urinary tract.

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The long-term use of Mandelamine (methenamine mandelate) Suspension Forte, after the acute cystitis attack has been cleared, may help eliminate or suppress bacterial infection of the urine.

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Mandelamine® Suspension Forte

(methenamine mandelate)

500 mg/tsp

Adults: 2 tsp q.i.d. Children 6-12: 1 tsp q.i.d.

M-GP.32.B/W

Caution: Federal law prohibits dispensing without prescription.

Mandelamine, a urinary antibacterial agent, is the chemical combination of mandelic acid with methenamine.

Rationale: *Prophylactic use.* Urine is a good culture medium for many urinary pathogens. Inoculation by a few organisms (relapse or reinfection) may lead to bacteriuria in susceptible individuals. Thus, the rationale of management in recurring urinary tract infection (bacteriuria) is to change the urine from a growth-supporting to a growth-inhibiting medium. There is a growing body of evidence that long-term administration of Mandelamine can prevent the recurrence of bacteriuria in patients with chronic pyelonephritis.

Therapeutic use: Mandelamine helps to sterilize the urine, and in some situations in which underlying pathologic conditions prevent sterilization by any means, it can help to suppress the bacteriuria. Mandelamine should not be used alone for acute infections with parenchymal involvement causing systemic symptoms such as chills and fever. A thorough diagnostic investigation as a part of the overall management of the urinary tract infection should accompany the use of Mandelamine.

Indications: Mandelamine (methenamine mandelate) is indicated for the suppression or elimination of bacteriuria associated with pyelonephritis, cystitis, and other chronic urinary tract infections; also for infected residual urine sometimes accompanying neurologic diseases. When used as recommended, Mandelamine is particularly suitable for long-term therapy because of its safety and because resistance to the nonspecific bactericidal action of formaldehyde does not develop. Pathogens resistant to other antibacterial agents may respond to Mandelamine because of the nonspecific effect of formaldehyde formed in an acid urine.

Contraindications: Contraindicated in renal insufficiency.

Precautions: Dysuria may occur (usually at higher than recommended dosage). This can be controlled by reducing the dosage and the acidification. When urine acidification is contraindicated or unattainable (as with some urea-splitting bacteria), the drug is not recommended.

Adverse Reactions: An occasional patient may experience gastrointestinal disturbance or a generalized skin rash.

Dosage and Management: The average adult dosage is 4 gm daily given as 2 teaspoonfuls (1.0 gm) after each meal and at bedtime. Children 6 to 12 should receive half the adult dosage, one teaspoonful four times a day.

Since an acid urine is essential for antibacterial activity with maximum efficacy occurring at pH 5.5 or below, restriction of alkalinizing foods and medication is thus desirable. If testing of urine pH reveals the need, supplemental acidification should be given.

Supplied: Mandelamine Suspension Forte is a pink, cherry-flavored liquid in bottles of 8 fl. oz. and 16 fl. oz.

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(Continued on Page 44)

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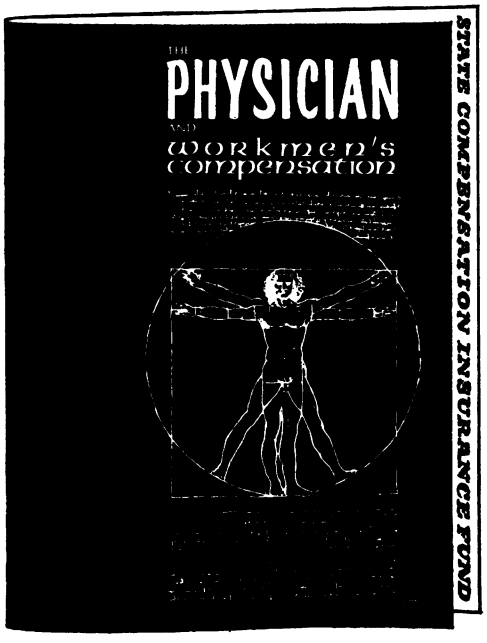

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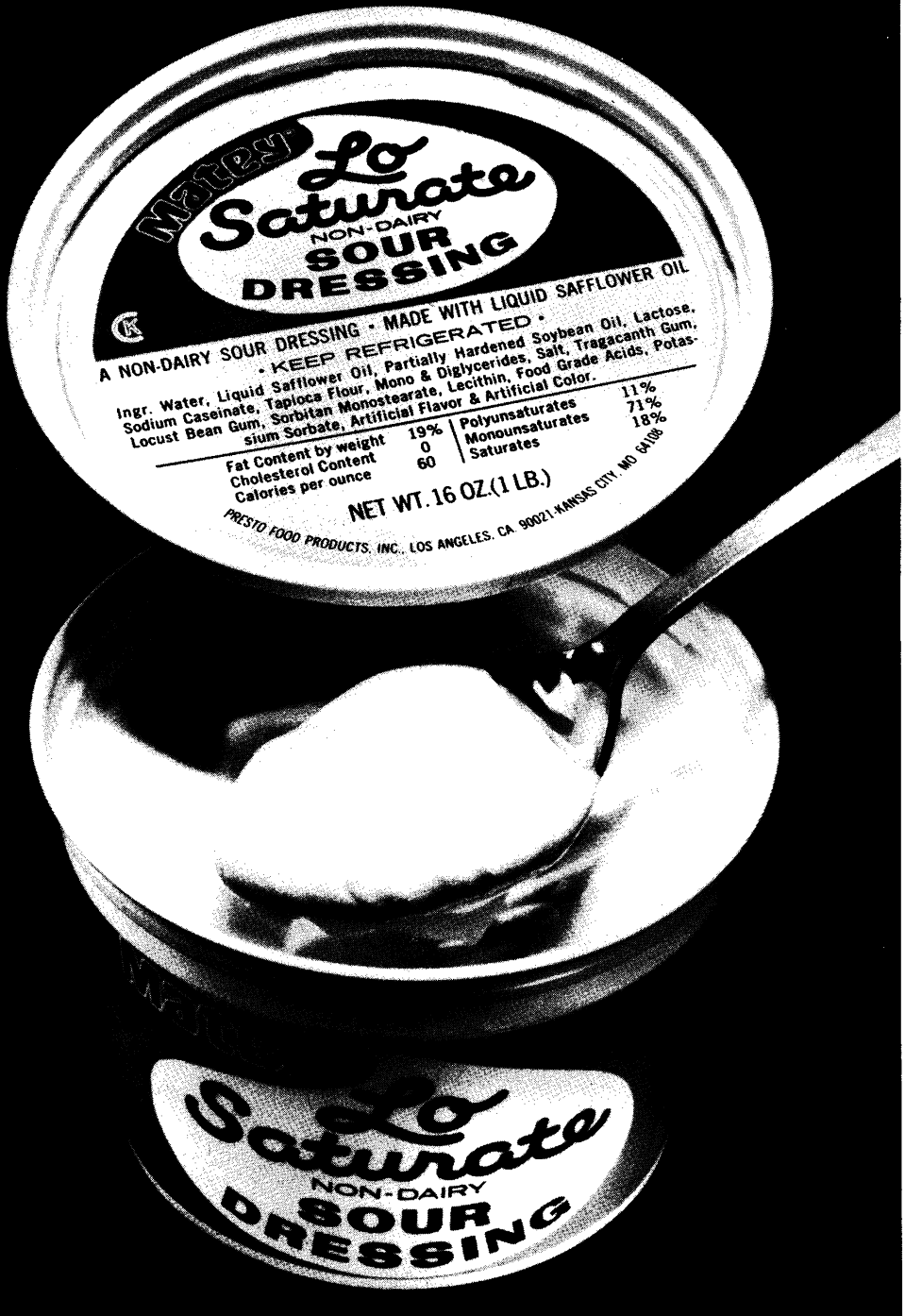

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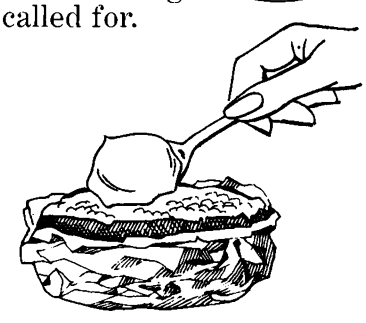

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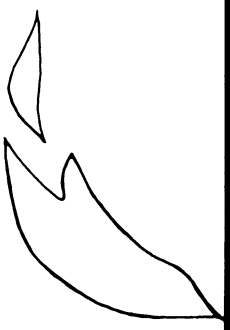

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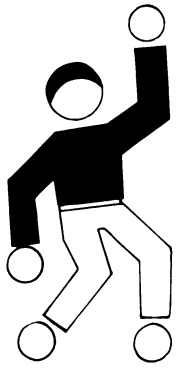

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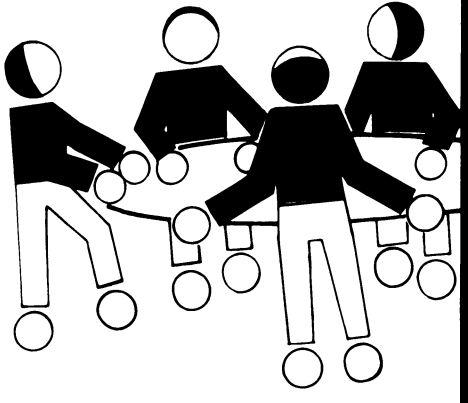

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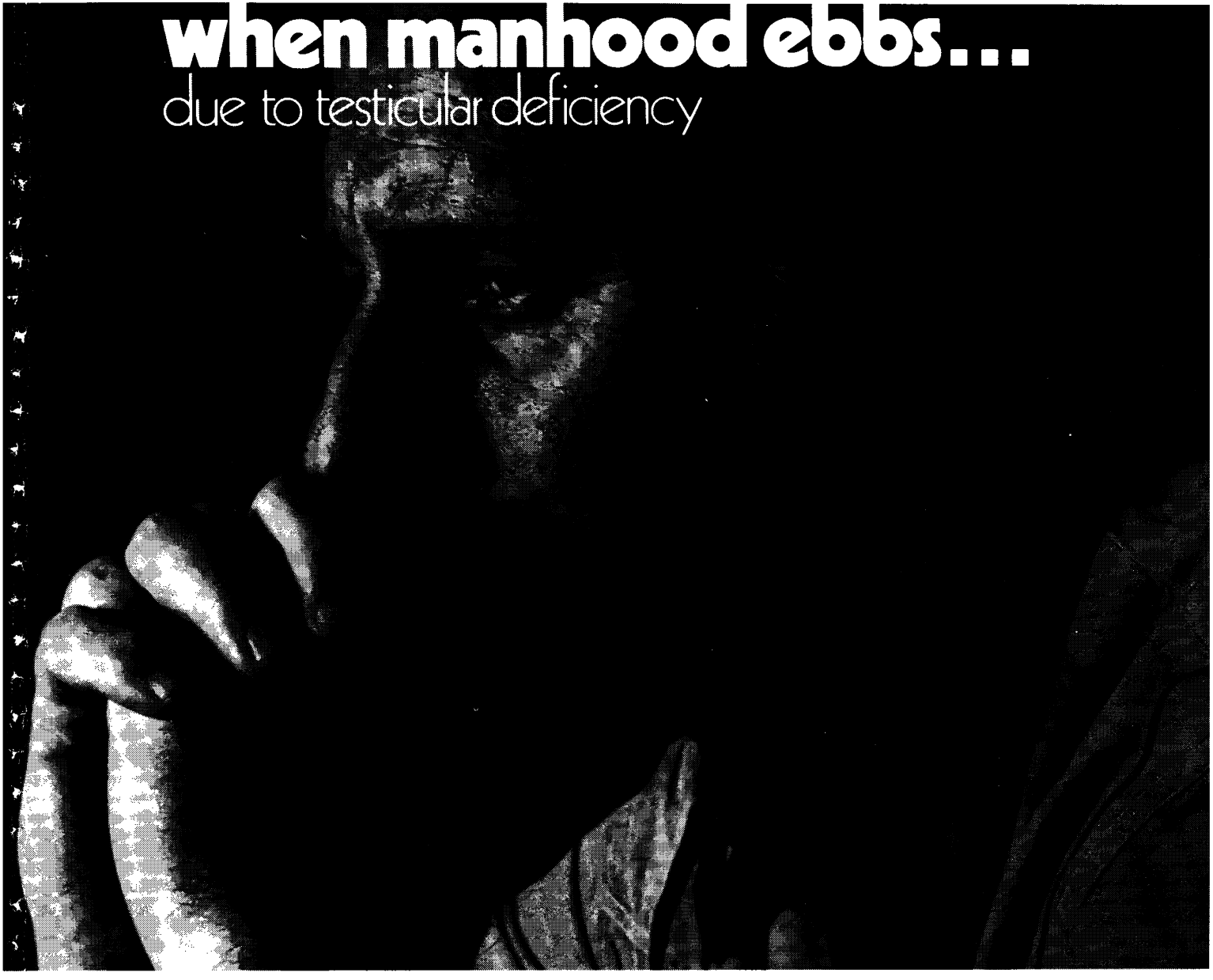

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*Cecil-Loeb. Textbook of Medicine, Vol. II, ed. 13. Beeson, P. B. and McDermott, W. eds. Philadelphia, W. B. Saunders Co., 1971, p. 1816.

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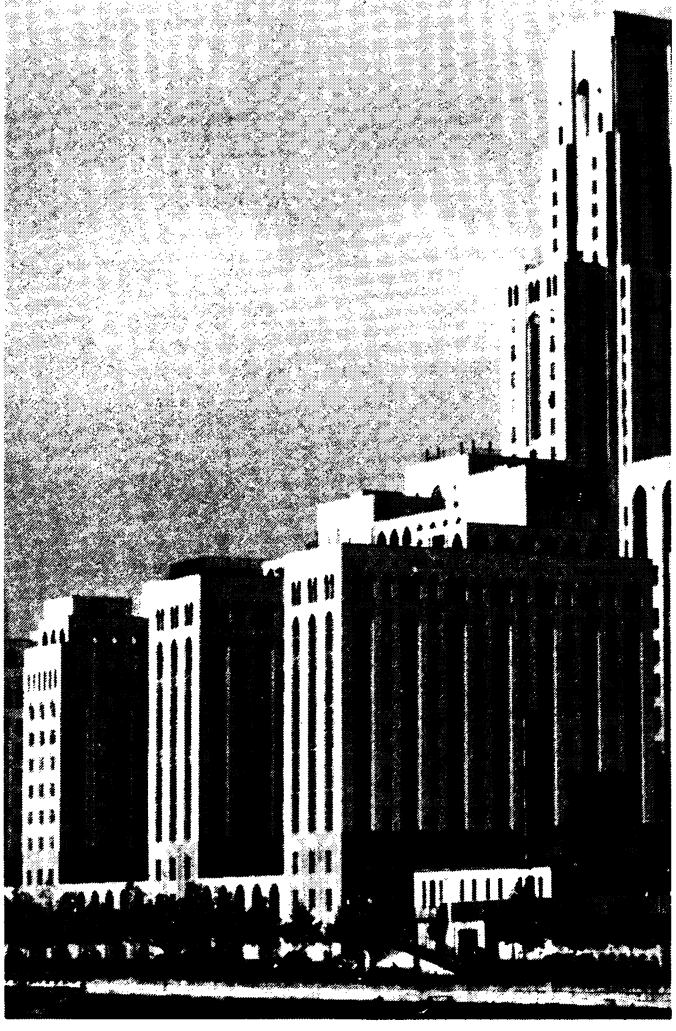

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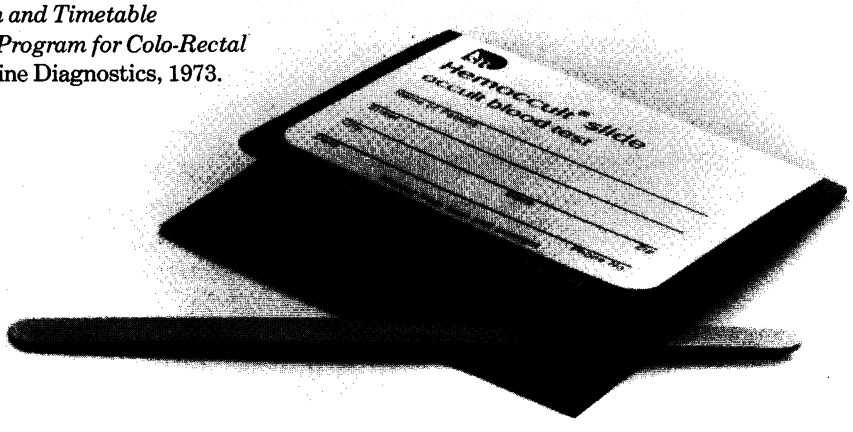
"This would provide another parameter useful in determining how extensively to pursue a g.i. tract work-up, and many unsuspected, hopefully curable [colo-rectal] cancers might be brought to light."

Hastings, J.B., in *Organization and Timetable for a One-Day Mass Screening Program for Colo-Rectal Cancer,* Philadelphia, Smith Kline Diagnostics, 1973.



For information on guaiac testing for occult blood with 'Hemoccult', mail coupon... or call Pat Hynes (215) 564-2400 or your Smith Kline Representative. Please do it today!
Colo-rectal cancer is second only to lung cancer as a cause of cancer deaths in the United States.

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Bio-Science Reports

Serum Parathyroid Hormone as a Diagnostic Aid

An accurate measurement of the serum level of parathyroid hormone (PTH) with results reported from the laboratory within about ten days is now available. The diagnosis of diseases of the parathyroid has always been a difficult, serious problem and we now have a powerful laboratory tool which will help solve some of the diagnostic dilemmas and further stimulate research in this field.

The classic laboratory findings in primary hyperparathyroidism are, of course, high serum calcium and low serum phosphorus; high urinary calcium is also commonly found. Increased phosphate excretion due to inhibition of phosphate reabsorption (TRP) and measurement of the TRP are additional laboratory aids for diagnosing hyperparathyroidism. All of these tests are obviously indirect procedures for establishing the diagnosis so there is a distinct value in having a direct measure of PTH.

In spite of the complexity and difficulty of the radioimmunoassay technic for PTH, it is now possible to quantitate the hormone with reasonable precision and in most cases to differentiate normal from hyperparathyroid serum levels. Human PTH is not available in sufficient quantities to use as an antigen or standard, but guinea pig antiserum to bovine PTH has sufficient cross-reactivity with human PTH to allow its effective use in the assay.

Unfortunately, the lack of a human parathyroid standard complicates any comparison of results from different laboratories. At Bio-Science a purified bovine PTH preparation is used as the standard and results are expressed as equivalents of purified bovine PTH. The antiserum used gives similar curves with both human serum PTH and purified bovine PTH and does not distinguish between the two.

The specimen requirement for the PTH assay is: 5 ml. frozen serum obtained from blood which has been drawn between 6 and 9 a.m. while the patient is in the rested, fasting state. The blood should be drawn with a chilled syringe or Vacutainer and kept in an ice bath until the serum can be separated, preferably in a refrigerated centrifuge. Separation of the serum from the cells and freezing should be completed as soon as possible. The frozen serum should be sent to us packed in dry-ice. Shipping containers intended for frozen specimen shipments are available without charge.

Write or call, collect, for additional literature on this subject and containers for mailing.

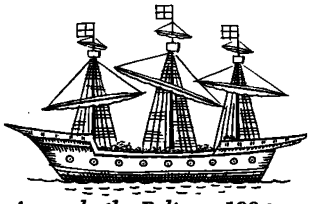
25 YEARS

Main Lab: 7600 Tyrone Ave., Van Nuys, California 91405

Philadelphia Branch: 116 So. Eighteenth St., Philadelphia, Pa. 19103

SIR FRANCIS DRAKE

He knew what wine can do and so should you



. . . formerly the Pelican, 100 tons . . .

. . . greeted by clamorous sea lions . . .

Sir Francis Drake, 1540?-1596

Francis Drake, wine lover and gentleman pirate, reached the shores of *Calphurnia,* as the cartographers then spelled it, in his good ship the *Golden Hind,* formerly the *Pelican,* on a foggy June 17, 1579. He was greeted by clamorous sea lions and amazed Miwok Indians.

We California winegrowers were not yet here to welcome him with a toast in California wine – but luckily, Drake brought his own. The *Golden Hind* was fairly bursting her seams with 2,130 jars of wine and 30 tons of solid silver bars, all donated, quickly and courteously, by Spanish ships overtaken enroute by this terror of the seas they knew as *Franco Draque.*

Wine Around the World – Wine, in Drake's incredible three-year exploit, was more than just treasure, drink, food, and companion to uncharted loneliness. It was almost life itself: tonic, tranquilizer, aid in care and comfort to the sick, a vehicle for remedies such as lime juice against scurvy, and happy proof against mutiny.

Coming ashore (we're not sure of the exact spot, but it was close to our Golden Gate), Drake met the *Great Hióh,* Miwok king of California. The sandy-haired, genial skipper delivered a lecture about heaven and Queen Bess. Awestruck, *Hióh* abdicated and presented Drake with California – the whole thing.

Drake accepted our state, renamed it *New Albion,* had *"a Plate of Brasse"* struck off and nailed to *"a great and firme poste,"* deeding this entire realm over to *"HERR MAIESTY QVEEN ELIZABETH OF ENGLAND AND HERR SVCCESSORS FOREVER."*

Drake spent five weeks as California's first tourist and settler. His crew unloaded the Golden Hind's rich booty, careened her, caulked her, reloaded and refloated her. Sailing July 23, 1579, they paused at *"certaine Ilands"* (Alcatraz? Angel? The Farallones?) to take aboard some *"seales"*—then on around the world!

Back in England, the saucy little pirate ship bore her skipper up the Thames to London, fame, fortune, and Knighthood. Elizabeth I, herself, came aboard and dubbed him Sir Francis with her gilded sword. (The *Golden Hind* stayed there at Thames side, a sort of national shrine; was long a floating restaurant, with gourmet foods and wines; eventually disappeared, thanks to the loving hands of souvenir seekers.)

As for Sir Francis, whose experience had proved what wine can do for sailors in travail, for all mankind . . . he could now enjoy his cup of wine with breakfast, his pint of claret or Rhenish with dinner, and his flagon of sack (sherry) to quaff in the Mermaid Tavern on Bread Street with such cronies as Sir Walter Raleigh, Kit Marlowe, Will Shakespeare, and prominent Sea-Dogs and actors of the London theatre, while swapping tall tales of the sea.

The Plate of Brasse – We invite you to go and see for yourself Drake's historic *Plate of Brasse,* rediscovered, and now in the Bancroft Library of the University of California at Berkeley.

We hope that Queen Elizabeth II, SVCCESSOR TO HERR MAIESTY QVEEN ELIZABETH, will also come visit some day, as has her husband Prince Philip, and that she will enjoy the fine wines of California, her realm and ours . . .

If you would care for more reading about people and wine, and what it can do for your patients and your home pleasure, just fill out and mail us the coupon below.

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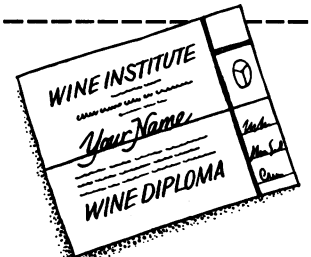
HOW TO BECOME A "WINE EXPERT"



This Year We Offer to the physician, or member of his or her hospital or nursing staff or immediate family:

"WINE STUDY COURSE." Free. This is actually our 50-page, fact-filled booklet, "THE STORY OF WINE." Tells you all about wine and wine types, how made, how served, wine's fascinating history, etc. With it comes a short WINE QUESTIONNAIRE. After pleasant "studying" you quiz yourself and – if you wish – mail in your answers to us. If you pass (we're sure you will), you are a "wine expert," and to prove it we send you, also free, the little WINE DIPLOMA shown here.

"USES OF WINE IN MEDICAL PRACTICE" (A SUMMARY), also free, is our 64-page report based on recent worldwide scientific research on wine in therapy and patient care. Introduction by Russel V. Lee, M.D., noted geriatrics editor; Indications and Contraindications; Chemistry, Nutrition, Pharmacology; Wine in Hospitals and Nursing Homes; valuable Bibliography. Belongs on your bookshelf, or associate's.

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Kindly enroll me without cost or obligation in your famous *Wine Study Course* and send me also the free booklet *Uses of Wine in Medical Practice.* (Please print name carefully, and title, if desired, for Diploma purposes):

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Among the topics:

- ☐ 8th ANNUAL CANCER SYMPOSIUM
  Primary treatment of breast cancer
- ☐ SPECIAL CONFERENCE
  Human sexuality and its medical complications
- ☐ SPECIAL CONFERENCE
  Alcoholism and drug dependence are medical problems—and socio-political issues
- ☐ GENERAL AND FAMILY PRACTICE
  Emergency care—medicine's "untamed frontier"
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  Rehabilitation and the disabled worker
- ☐ **Allergy, Dermatology, Neonatology, Gynecology, Oncology, Genetics, Pathogenic Viruses, and much, much more**

More to come in the November issue of CALIFORNIA MEDICINE

Integument

Our skin—the human integument—covers us, defines us, protects us. But skin is subject to cuts, burns, abrasions. And infections. Neosporin Ointment fights infection by providing broad antibacterial action against susceptible skin invaders. It contains antibiotics that are rarely used systemically, reducing the risk of sensitization.

INDICATIONS: *Therapeutically*, used as an adjunct to appropriate systemic therapy for topical infections, primary or secondary, due to susceptible organisms, as in: • infected burns, skin grafts, surgical incisions, otitis externa • primary pyodermas (impetigo, ecthyma, sycosis vulgaris, paronychia) • secondarily infected dermatoses (eczema, herpes, and seborrheic dermatitis) • traumatic lesions, inflamed or suppurating as a result of bacterial infection.

Prophylactically, the ointment may be used to prevent bacterial contamination in burns, skin grafts, incisions, and other clean lesions. For abrasions, minor cuts and wounds accidentally incurred, its use may prevent the development of infection and permit wound healing.

CONTRAINDICATIONS: Not for use in the external ear canal if the eardrum is perforated. This product is contraindicated in those individuals who have shown hypersensitivity to any of the components.

PRECAUTION: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Complete literature available on request from Professional Services Dept. PML.

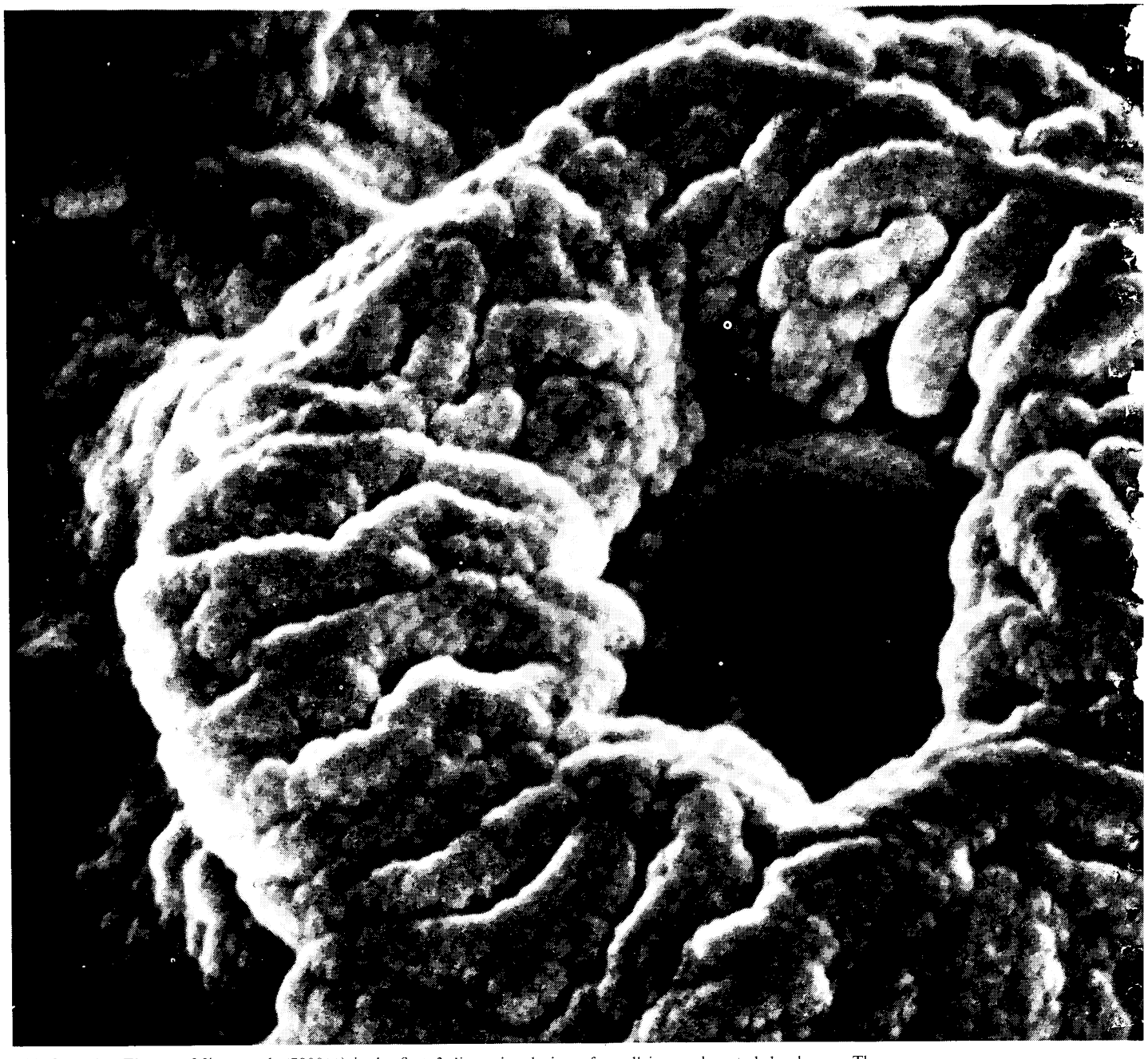
NEOSPORIN® Ointment

(POLYMYXIN B-BACITRACIN-NEOMYCIN)

Each gram contains: Aerosporin® brand Polymyxin B Sulfate 5,000 units; zinc bacitracin 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q.s. In tubes of 1 oz. and ½ oz. and $\frac{1}{32}$ oz. (approx.) foil packets.

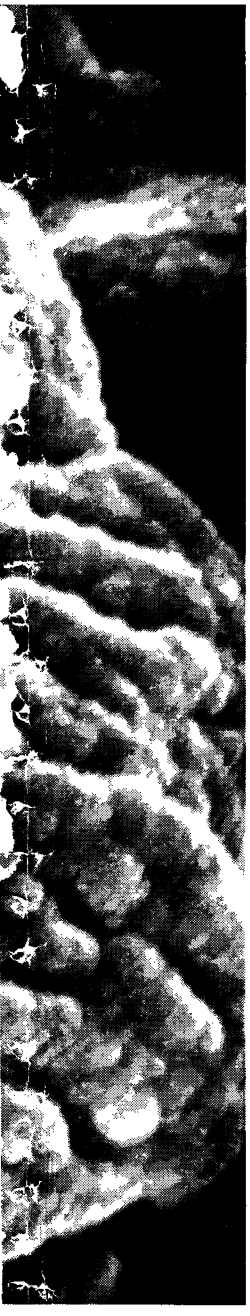
Wellcome

Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709



This Scanning Electron Micrograph (7000×) is the first 3-dimensional view of a cell in an ulcerated duodenum. The center is completely denuded, surrounded by fairly well-preserved microvilli. This SEM photomicrograph was taken from a scientific exhibit which won the Hull Award as the "best exhibit on original research or instruction on a medical subject" at the A.M.A. Clinical Convention, November 26-29, 1972, in Cincinnati, Ohio.

Before prescribing, please consult complete product information, a summary of which follows:
Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis and mild ulcerative colitis.
Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.
Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been



The Tireless Man

whose duodenal ulcer needs a rest

Up early, home late, often with a scratch pad filled with notes, figures, plans. A few hours' sleep and then another long day. This is often the routine of the tireless hard-driver, one-man committee with enough overwork and stress to wear out several men. But his duodenal ulcer may warn him with sharp discomfort that he had better ease up, let some things go, and give himself—and his ulcer—a rest.

The need to reduce G.I. hypermotility and hypersecretion

Overwork together with overanxiety are often principal factors in exacerbating a duodenal ulcer. To help reduce the increased gastric secretions and hypermotility, therapy may need to include treatment for associated undue anxiety—which is where dual-action Librax can be highly useful.

The dual nature of Librax

Only Librax combines, in one capsule, the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory action of Quarzan® (clidinium Br). As an adjunct to a therapeutic regimen, Librax may help relieve both somatic and associated anxiety factors that often contribute to the exacerbation of duodenal ulcer symptoms.

Up to 8 capsules daily in divided doses

For optimal response, dosage should be adjusted to your patient's requirements—1 or 2 capsules, 3 or 4 times daily. *Rx*: Librax #35 for initial evaluation of patient response to therapy. *Rx*: Librax #100 for follow-up therapy—this prescription for 2 or 3 weeks' medication can help maintain patient gains while permitting less frequent visits.

For the anxiety-linked symptoms of duodenal ulcer adjunctive Librax® ROCHE

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

ROCHE

Roche Laboratories
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(Continued from Page 27)

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ROSEVILLE—PLACER COUNTY—A number of GP's are needed to establish practice in this growing community 16 miles northeast of Sacramento. Medical office space is available adjacent to modern full service 255-bed acute hospital. Recreation is a few minutes away in any direction, and your family will enjoy it too. Send CV to: William A. Sandberg, 333 Sunrise Avenue, Roseville, Ca. 95678. Tel. (916) 783-9111. Prospectus available.

PHYSICIANS WANTED for medical outpatient emergency room practice. Full specialty service back up in hospital. Day, evening or night hours—full or part time. Competitive salaries. J. D. Roorda, M.D., So. Calif. Permanente Medical Group, 1505 N. Edgemont, Los Angeles, Ca. 90027. Phone (213) 667-5400.

INTERNISTS—2 primary physicians with subspecialty interests, group practice, outstanding professional opportunities. Lovely community within hour drive of San Francisco. Economic arrangements competitive. Early reply mandatory. Write California Medicine, 693 Sutter, Box 9364, San Francisco, Ca. 94102.

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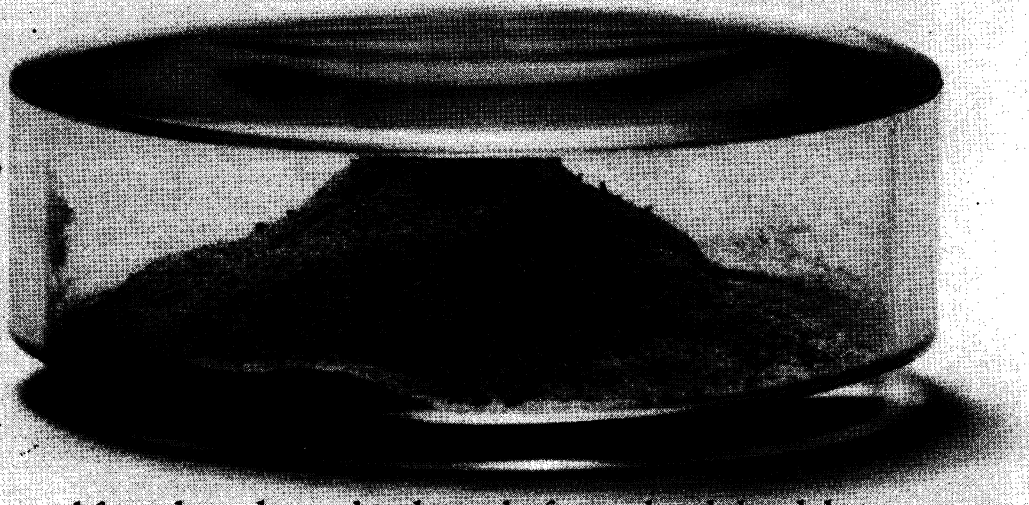
ASSOCIATE to start after October 1, 1973—Family Practice—no OB. Present associate leaving to take over solo practice nearer home. Step into busy practice. Office-complex adjoining two major hospitals, Orange County. Will guarantee minimum income. No start up costs. Call one weekend per month; liberal time off. Exchange curriculum vitae; Reply California Medicine, 693 Sutter St., Box 9362, San Francisco, Ca. 94102.

(Continued on Page 55)

IN NATURAL THYROID THERAPY:

ARE PATIENTS GETTING THE POTENCY YOU PRESCRIBE?



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Important, too, is the fact that Proloid is invariably "fresh" when your patients take it. Under proper storage conditions, its potency will not diminish for at least four years.

All of which adds up to this: the potency of Proloid is constant...for more consistent results.

PROLOID®
(thyroglobulin)

natural thyroid therapy that leaves nothing to chance

In Gonorrhea

Injection WYCILLIN®

(sterile procaine penicillin G suspension) Wyeth

Penicillin in large doses remains the drug of choice in therapy of gonorrhea. Among penicillins, first choice recommended by the national Center for Disease Control for parenteral therapy of uncomplicated gonorrhea is aqueous procaine penicillin G.

Administration of 4.8 million units together with 1 gram oral probenecid, preferably given at least 30 minutes prior to injection, is recommended in treatment of uncomplicated gonorrhea.

Indications: In treatment of moderately severe infections due to penicillin G-sensitive microorganisms sensitive to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

NOTE: When high sustained serum levels are required use aqueous penicillin G, IM or IV.

The following infection will usually respond to adequate dosages of intramuscular procaine penicillin G.—*N. gonorrhoeae:* acute and chronic (without bacteremia).

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy.

Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen and intravenous corticosteroids should also be administered as indicated.

Although anaphylaxis is more frequent following parenteral therapy it has occurred in patients on oral penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens.

There have been well documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with a cephalosporin. Before therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, and other allergens. If an allergic reaction occurs, the drug should be discontinued and the patient treated with the usual agents e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injections may produce neurovascular damage.

A small percentage of patients are sensitive to procaine. If there is a history of sensitivity, make the usual test: Inject intradermally 0.1 cc. of a 1 to 2 percent procaine solution. Development of an erythema, wheal, flare or eruption indicates procaine sensitivity. Sensitivity should be treated by the usual methods, including barbiturates, and procaine penicillin preparations should not be used. Antihistaminics appear beneficial in treatment of procaine reaction.

The use of antibiotics may result in overgrowth of nonsusceptible organisms. Constant observation of the patient is essential. If new infections due to bacteria or fungi appear during therapy, discontinue penicillin and take appropriate measures.

If allergic reaction occurs, withdraw penicillin unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to penicillin therapy.

When treating gonococcal infections with suspected primary or secondary syphilis, perform proper diagnostic procedures, including darkfield examinations. In all cases in which concomitant syphilis is suspected, perform monthly serological tests for at least four months.

Adverse Reactions: (Penicillin has significant index of sensitization) skin rashes, ranging from maculopapular eruptions to exfoliative dermatitis; urticaria; serum sickness-like reactions, including chills, fever, edema, arthralgia and prostration. Severe and often fatal anaphylaxis has been reported. (See "Warnings.")

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Administer only by *deep intramuscular injection,* in upper outer quadrant of buttock. In infants and small children, midlateral aspect of thigh may be preferable. When doses are repeated, vary injection site. Before injection, aspirate to be sure needle bevel is not in blood vessel. If blood appears, remove needle and inject in another site.

Although some isolates of *Neisseria gonorrhoeae* have decreased susceptibility to penicillin, this resistance is relative, not absolute, and penicillin in large doses remains the drug of choice. Physicians are cautioned not to use less than recommended doses.

Gonorrheal infections (uncomplicated) — Men or Women: 4.8 million units intramuscularly divided into at least two doses and injected at different sites at one visit, together with 1 gram of oral probenecid, preferably given at least 30 minutes prior to injection.

NOTE: Treatment of severe complications of gonorrhea should be individualized using large amounts of short-acting penicillin. Gonorrheal endocarditis should be treated intensively with aqueous penicillin G. Prophylactic or epidemiologic treatment for gonorrhea (male and female) is accomplished with same treatment schedules as for uncomplicated gonorrhea.

Retreatment: The National Center for Disease Control, Venereal Disease Branch, U.S. Dept. H.E.W. recommends:

Test cure procedures at approximately 7-14 days after therapy. In the male, a gram-stained smear is adequate if positive; otherwise, a culture specimen should be obtained from the anterior urethra. In the female, culture specimens should be obtained from both the endocervical and anal canal sites.

Retreatment in males is indicated if urethral discharge persists 3 or more days following initial therapy and smear or culture remains positive. Follow-up treatment consists of 4.8 million units. I.M. divided in 2 injection sites at single visit.

In uncomplicated gonorrhea in the female, retreatment is indicated if follow-up cervical or rectal cultures remain positive for *N. gonorrhoeae.* Follow-up treatment consists of 4.8 million units daily on 2 successive days.

Syphilis: all gonorrhea patients should have a serologic test for syphilis at the time of diagnosis. Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

Composition: Each TUBEX® disposable syringe 2,400,000 units (4-cc. size) contains procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer, and as w/v approximately 0.7% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. The multiple-dose 10-cc. vial contains per cc. 300,000 units procaine penicillin G in a stabilized aqueous suspension with sodium citrate buffer and approximately 7 mg. lecithin, 2 mg. carboxymethylcellulose, 3 mg. polyvinylpyrrolidone, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

Denise has VD.

Let's keep it from getting around.

Actual new cases of infectious syphilis apparently reached the 100,000 mark during the past year; new cases of gonorrhea, more than 2.5 million. That VD is rampant again is due, in large part, to the multiple contacts of teenagers like Denise.

By administering adequate doses of the recommended types of penicillin, you can usually cure VD in the beginning stages.

And destroy another link in the chain of infection.

In Syphilis

Injection

BICILLIN® Long-Acting (sterile benzathine penicillin G suspension) Wyeth

Benzathine penicillin G...a drug of choice recommended by the national Center for Disease Control in all stages of syphilis and in preventive treatment after exposure.

Administration of 2.4 million units (1.2 million in each buttock) of benzathine penicillin G usually • cures most cases of primary, secondary and latent syphilis with negative spinal fluid • helps break chain of infection • minimizes chance of immediate reinfection.

Indications: In treatment of infections due to penicillin G-sensitive microorganisms that are susceptible to the low and very prolonged serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including sensitivity tests) and by clinical response.

The following infections will usually respond to adequate dosage of intramuscular benzathine penicillin G.—Venereal infections: Syphilis, yaws, bejel and pinta.

FOR DEEP INTRAMUSCULAR INJECTION ONLY.

Contraindications: Previous hypersensitivity reaction to any penicillin.

Warnings: Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported. Anaphylaxis is more frequent following parenteral therapy but has occurred with oral penicillins. These reactions are more apt to occur in individuals with history of sensitivity to multiple allergens.

Severe hypersensitivity reactions with cephalosporins have been well documented in patients with history of penicillin hypersensitivity. Before penicillin therapy, carefully inquire into previous hypersensitivity to penicillins, cephalosporins and other allergens. If allergic reaction occurs, discontinue drug and treat with usual agents, e.g., pressor amines, antihistamines and corticosteroids.

Precautions: Use cautiously in individuals with histories of significant allergies and/or asthma.

Carefully avoid intravenous or intraarterial use, or injection into or near major peripheral nerves or blood vessels, since such injection may produce neurovascular damage.

In streptococcal infections, therapy must be sufficient to eliminate the organism; otherwise the sequelae of streptococcal disease may occur. Take cultures following completion of treatment to determine whether streptococci have been eradicated.

Prolonged use of antibiotics may promote overgrowth of nonsusceptible organisms including fungi. Take appropriate measures should superinfection occur.

Adverse Reactions: Hypersensitivity reactions reported are skin eruptions (maculopapular to exfoliative dermatitis), urticaria and other serum sickness reactions, laryngeal edema and anaphylaxis. Fever and eosinophilia may frequently be only reaction observed. Hemolytic anemia, leucopenia, thrombocytopenia, neuropathy and nephropathy are infrequent and usually associated with high doses of parenteral penicillin.

As with other antisyphilitics, Jarisch-Herxheimer reaction has been reported.

Administration and Dosage: Venereal infections—

Syphilis—Primary, secondary and latent—2.4 million units (1 dose).

Late (tertiary and neurosyphilis)—2.4 million units at 7 day intervals for three doses.

Congenital—under 2 years of age, 50,000 units/Kg. body weight; ages 2-12 years, adjust dosage based on adult dosage schedule.

(Shake multiple-dose vial vigorously before withdrawing the desired dose.) Administer by **deep intramuscular injection** in the upper outer quadrant of the buttock. In infants and small children, the midlateral aspect of the thigh may be preferable. When doses are repeated, vary the injection site. Before injecting the dose, aspirate to be sure needle bevel is not in a blood vessel. If blood appears, remove the needle and inject in another site.

Composition: 2,400,000 units in 4-cc. single dose disposable syringe. Each TUBEX disposable syringe also contains in aqueous suspension with sodium citrate buffer, as w/v approximately 0.5% lecithin, 0.4% carboxymethylcellulose, 0.4% polyvinylpyrrolidone, 0.01% propylparaben and 0.09% methylparaben. Units benzathine penicillin G (as active ingredient); 300,000 units per cc.—10-cc. multi-dose vial. Each cc. also contains sodium citrate buffer, approximately 6 mg. lecithin, 3 mg. polyvinylpyrrolidone, 1 mg. carboxymethylcellulose, 0.5 mg. sorbitan monopalmitate, 0.5 mg. polyoxyethylene sorbitan monopalmitate, 0.14 mg. propylparaben and 1.2 mg. methylparaben.

Wyeth Laboratories • Philadelphia, Pa. 19101

Are you breathing yourself to death?

Here in California, doctors are seeing a very personal effect of air pollution: It is, quite literally, killing our patients.

For example, a study by the California Department of Public Health showed air pollution is contributing to an increase in the death rate in Los Angeles. It documented that high pollution caused or aggravated diseases in as many as half a million people a year in the state, and interfered with the well being of over 12-million residents.

It's that critical.

"Ecology" is not simply a fashionable fad. As we destroy our environment, we are literally destroying ourselves. This is one of today's most serious health problems. And as such, California doctors and other experts are attacking it. Not just air pollution, but all the ways we are destroying our air, water and land.

Doctors are researching these problems and others, such as auto exhaust, solid waste disposal and noise. We will share our findings with you. So we may all reconsider our values, before our environment is beyond saving.

In the meantime, local medical societies have guidelines, developed by doctors, to assess the extent of damage to the California environment. Regional seminars have been held to organize medical committees to combat pollution.

And doctors have initiated special projects such as the smog alert system to protect school children and cardiac patients in the Southern California air basin.

Doctors are supporting legislation to protect our environment, and we urge you to do so, too.

In a recent issue of California physicians' professional journal, *California Medicine,* the environmental problem was studied from many medical and ecological points of view. If you would like an easy-to-read summary of the articles, write CMA Ecology, 693 Sutter, San Francisco 94102.

California Medical Association

Your doctor's way of caring for all of California

CLEAR THE TRACT WITH THE ROBITUSSIN® LINE

The coughing season is here again. Time to rely on the four Robitussins and Cough Calmers to help clear the lower respiratory tract. All contain glyceryl guaiacolate, the efficient expectorant that works systemically to help increase the output of lower respiratory tract fluid. The enhanced flow of less viscid secretions soothes the tracheobronchial mucosa, promotes ciliary action, and makes thick, inspissated mucus less viscid and easier to raise. Available on your prescription or recommendation.

For coughs of colds and "flu"

ROBITUSSIN®

Each 5 cc. contains:
Glyceryl guaiacolate ..... 100 mg.
Alcohol, 3.5%

For unproductive allergic coughs

ROBITUSSIN A-C® ■

Each 5 cc. contains:
Glyceryl guaiacolate ..... 100 mg.
Codeine phosphate ..... 10.0 mg.
(warning: may be habit forming)
Alcohol, 3.5%

Non-narcotic for 6-8 hr. cough control

ROBITUSSIN-DM®

Each 5 cc. contains:
Glyceryl guaiacolate ..... 100 mg.
Dextromethorphan hydrobromide ..... 15 mg.
Alcohol, 1.4%

Robitussin-DM in solid form for "coughs on the go"

COUGH CALMERS®

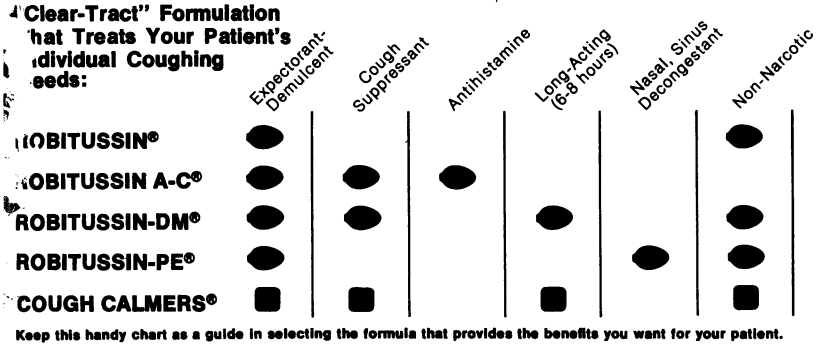
Each Cough Calmer contains:
Glyceryl guaiacolate ..... 50 mg.
Dextromethorphan hydrobromide ..... 7.5 mg.

Relieves cough, clears sinuses and nasal passages—keeps them "drip-dry" but not bone dry

ROBITUSSIN-PE®

Each 5 cc. contains:
Glyceryl guaiacolate ..... 100 mg.
Phenylephrine hydrochloride ..... 10 mg.
Alcohol, 1.4%

Select the Robitussin® "Clear-Tract" Formulation That Treats Your Patient's Individual Coughing Needs:

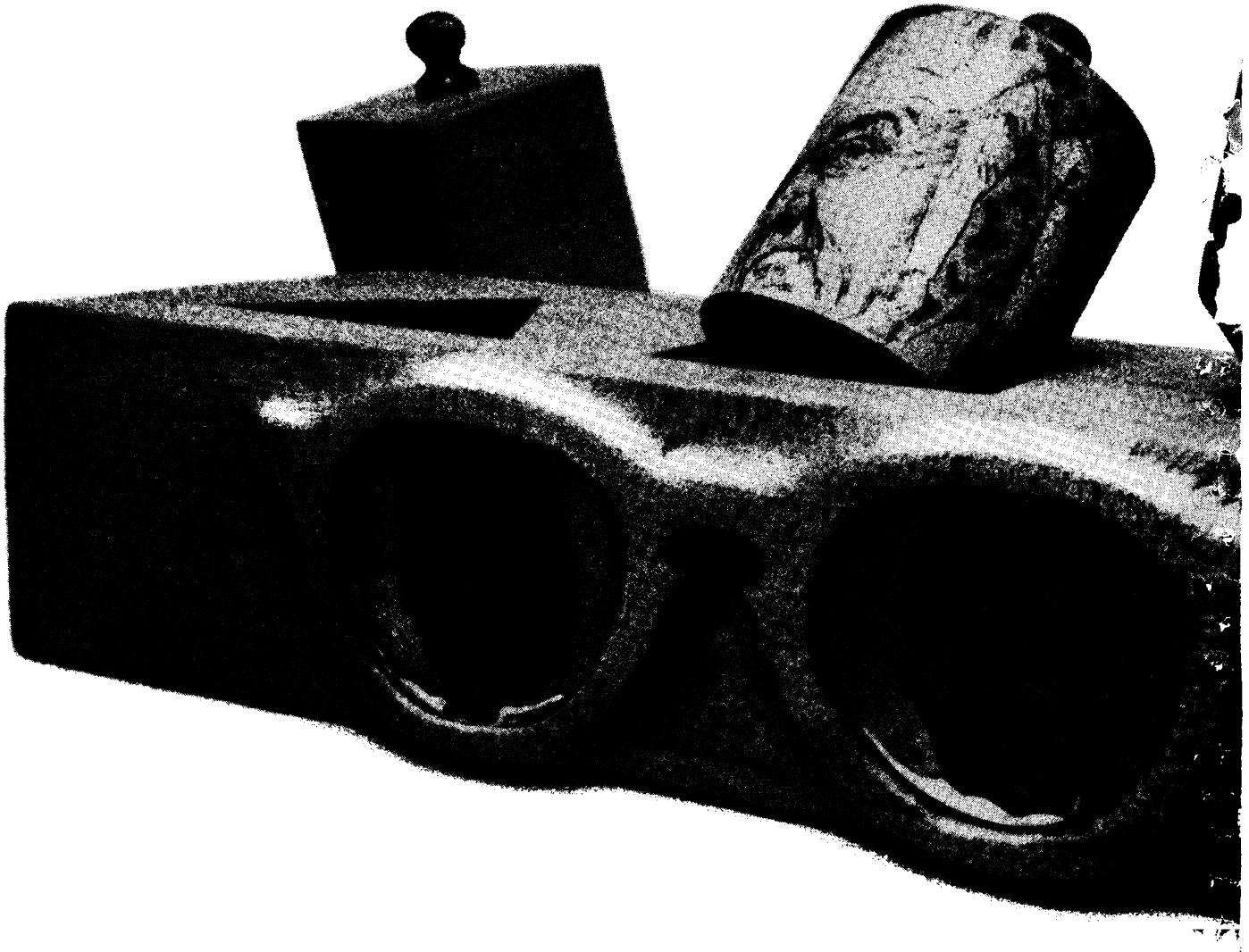


Keep this handy chart as a guide in selecting the formula that provides the benefits you want for your patient.

A-H-ROBINS

A. H. Robins Company, Richmond, Virginia 23220

Help improve your depressed patients' ability to cope.



In Brief:

Actions: Norpramin® (desipramine hydrochloride) is an antidepressant drug of the tricyclic type. It has been found in some studies to have a more rapid onset of action than imipramine; antidepressant efficacy is similar though potency on a weight basis may be less. The earliest manifestations consist mainly of an increase in psychomotor activity. Full treatment benefit is seldom attained before the end of the second week.

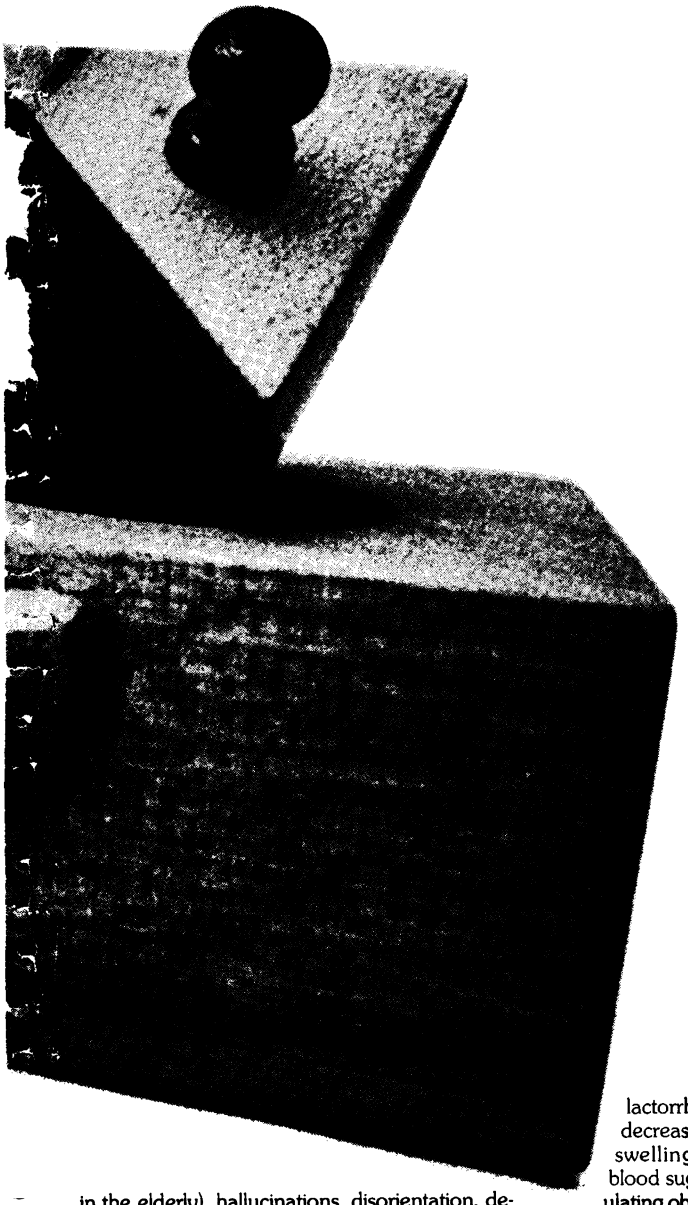
Indications: Norpramin® (desipramine hydrochloride) is indicated for the relief of depressive symptoms. Endogenous depressions are more likely to be alleviated than others.

Contraindications: Desipramine hydrochloride should not be given within two weeks of treatment with a monoamine oxidase inhibitor. Contraindications include the acute recovery period following myocardial infarction and hypersensitivity to the drug. Cross sensitivity with other dibenzazepines is a possibility.

Warnings: 1. Extreme caution should be used in patients: (a) with cardiovascular disease, (b) with a history of urinary retention or glaucoma, (c) with thyroid disease or those on thyroid medication, (d) with a history of seizure disorder. 2. This drug is capable of blocking the antihypertensive effect of guanethidine and similarly acting compounds. 3. *Use in Pregnancy:* Safe use during pregnancy and lactation has not been established. 4. *Use in Children:* Norpramin® (desipramine hydrochloride) is not recommended for use in children. 5. This drug may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. Therefore, the patient should be cautioned accordingly.

Precautions: This drug should be dispensed in the least possible quantities to depressed outpatients, since suicide has been accomplished with drugs of this class. It should be kept out of reach of children. Reduce dosage, or alter treatment, if serious adverse effects occur. Norpramin® (desipramine hydrochloride) therapy in patients with manic-depressive illness may induce a hypomanic state after the depressive phase terminates and may cause exacerbation of psychosis in schizophrenic patients. Close supervision and careful adjustment of dosage are required when this drug is given along with anticholinergic or sympathomimetic drugs. While taking this drug, response to alcoholic beverages may be exaggerated. There is limited clinical experience in the concurrent administration of ECT and antidepressant drugs; thus, one should consider the possibility of increased risk relative to benefits. Discontinue as soon as possible prior to elective surgery because of possible cardiovascular effects. Hypertensive episodes have been observed during surgery in patients on desipramine hydrochloride. Leukocyte and differential counts should be performed in any patient who develops fever and sore throat during therapy; the drug should be discontinued if there is neutropenia.

Adverse Reactions: *Cardiovascular:* hypotension, hypertension, tachycardia, palpitation, arrhythmias, heart block, myocardial infarction, stroke. *Psychiatric:* confusional states (especially



Coping with Depression

The ability to cope with depressive illness, for the patient and to some degree for the physician, largely depends on hope—a crutch that is usually lacking in the depressed patient. To the depressed patient all the good things of life are bleak, black, or unattainable; all that is bad has been happening or will happen. Helping such a patient to cope with life again, to overcome the incapacitating moods, outlooks, and fears which characterize depression, can be a most rewarding experience for the physician.

Although Norpramin® (desipramine hydrochloride) is relatively rapid-acting, the patient should be told that he will not feel better immediately but that he will gradually become his old self again. A minor tranquilizer in appropriate dosage may be used with Norpramin temporarily if anxiety due to depression is present; a phenothiazine may be used similarly if agitation is severe.

Frequently, Norpramin and your own understanding of the patient are all that is necessary.

Norpramin®
(desipramine hydrochloride)
helps the depressed cope with life again.

in the elderly), hallucinations, disorientation, delusions; anxiety, agitation; insomnia and nightmares; hypomania; exacerbation of psychosis. *Neurological:* paresthesias of extremities; incoordination, ataxia, tremors, peripheral neuropathy; extrapyramidal symptoms; seizures; alteration in EEG patterns; tinnitus. *Anticholinergic:* dry mouth, and rarely associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, hypotonic bladder. *Allergic:* skin rash, petechiae, urticaria, itching, photosensitization, edema (of face and tongue or general), drug fever. *Hematologic:* agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* anorexia, nausea and vomiting, epigastric distress, peculiar taste, abdominal cramps, diarrhea, stomatitis, black tongue. *Endocrine:* gynecomastia; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence, testicular swelling; elevation or depression of blood sugar levels. *Other:* jaundice (simulating obstructive), altered liver function; weight gain or loss; perspiration, flushing; urinary frequency, nocturia; parotid swelling; drowsiness, dizziness, weakness and fatigue, headache; alopecia. *Withdrawal Symptoms:* Though not indicative of addiction, abrupt cessation after prolonged therapy may produce nausea, headache and malaise.

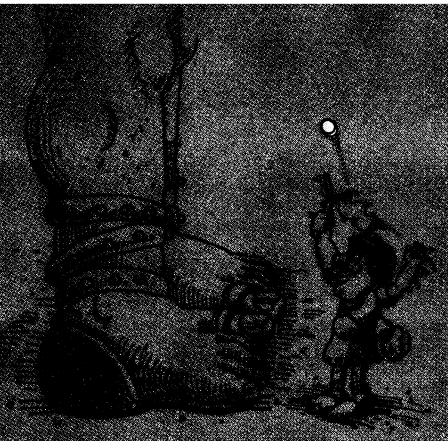
Dosage and Administration: *The usual adult dose:* 50 mg. three times daily; increase if necessary after 7 to 10 days to maximum of 200 mg. daily. Dosages above 200 mg. per day are not recommended. *Maintenance:* At a lower dose adequate to maintain remission. *Adolescent and geriatric patient dose:* 25 to 50 mg. daily if necessary.

Overdosage: There is no specific antidote for desipramine, nor are there specific phenomena of diagnostic value characterizing poisoning by the drug. The principles of management of coma and shock by means of the mechanical respirator, cardiac pacemaker, monitoring of central venous pressure and regulation of fluid- and acid-base balance are well known in most medical centers. If heart failure is imminent, digitalize promptly.

How Supplied: Norpramin® (desipramine hydrochloride) *25 mg.*, sugar coated tablets, yellow, in bottles of 50, 500 and 1000 tablets. Norpramin® (desipramine hydrochloride) *50 mg.*, sugar coated tablets, light green, in bottles of 50, 250 and 1000 tablets.

Manufactured by LAKESIDE LABORATORIES
Division of Colgate-Palmolive Company

Distributed by
LAKESIDE LABORATORIES, INC.
Milwaukee, Wisconsin 53201



UNDERDOG IS BEAUTIFUL...

Armour Pharmaceutical Company
continues to cheer on
its Underdog brand of T_4:
LETTER® (sodium levothyroxine, Armour) tablets.

We're complimented by those of you who remember our name. Why? Because we believe our LETTER® is an excellent levothyroxine with a memorable name.

But in this competitive world, excellence may not be enough. That's why we cut the price of LETTER® by 30%.

So now we're excellent and less expensive.

If that isn't reason enough for you to start your new hypothyroid patients on LETTER®, then we ask you to write and tell us what is.

Armour Pharmaceutical Company
111 West Clarendon
Phoenix, Arizona 85077

(Continued from Page 44)

ASSOCIATES WANTED

BOARD CERTIFIED INTERNIST with formal training in Cardiology desires association with Board Certified or Board Eligible Internist who may or may not have sub-specialty credentials. Good facilities for a second physician in a Southern California community where quality medicine is practiced. Write: California Medicine, 693 Sutter St., Box 9359, San Francisco, Ca. 94102.

SITUATIONS WANTED

ONCOLOGIST-HEMATOLOGIST, Board eligible, desires private practice, July 1974. Write California Medicine, 693 Sutter St., Box 9365, San Francisco, Ca. 94102.

RADIOLOGIST, Board Certified, licensed California. Seeking one half to three-quarters time position diagnostic work. Highly qualified and experienced. Prefer metropolitan area or smaller community near cultural opportunities. Please indicate details of type of practice, financial arrangements to California Medicine, 693 Sutter St., Box 9360, San Francisco, Ca. 94102.

OFFICES FOR LEASE, RENT OR SALE

SPACE NOW AVAILABLE
WEST VALLEY PROFESSIONAL CENTER
5150 Graves Avenue
San Jose, California

With buildings of redwood and natural stone, and attractive landscaped areas, this complex includes individually heated and air conditioned offices tailored to suit your needs. Pharmacy, pathology and radiology facilities are conveniently located in the center.

For information contact
COLDWELL, BANKER & COMPANY, REALTORS,
(408) 286-5400

TWO MEDICAL SUITES, 920 square feet and 1,375 square feet respectively, in modern medical building. All suites air conditioned; elevator; convenient to area hospitals; San Francisco Bay Area. Phone (415) 233-4979 or write Medical Arts Building, 120 Broadway, Richmond, Ca. 94804.

MEDICAL SUITE available in busy Medical Dental Center at Whittier Boulevard near Garfield, Los Angeles. Front and rear entrance, ample parking, regular bus transportation front. Tel. (213) 721-6759, or write: California Medicine, 693 Sutter St., Box 9363, San Francisco, Ca. 94102.

MEDICAL OFFICES FOR LEASE—Luscious new contemporary complex of 5 separate buildings. Each office approximately 1,000 sq. ft. Lessee to finish off interior to his own taste with $5,000 allowance from Lessor. Lease at 55¢ per sq. ft. Terms negotiable but looking for 5-year plus. Located in center of fast growing young executive families . . . Moraga, California. For further info, phone Bonanza Realty, Lafayette, Ca. (415) 284-1122.

NEW DELUXE PROFESSIONAL SUITES
(PRIME LOS FELIZ DISTRICT)

3,230 Sq. Ft. ground floor ideal for medical clinic. 21 apt. units on upper 2 floors to minimize overhead. 200% first user depreciation. To be completed January.

For additional information: Roxy Root, **AMERICAN REALTY & MGMT,** 445 S. Figueroa, Los Angeles 90017, (213) 687-5473

VACATION RENTALS

HAWAIIAN (Hanalei, Kauai) VACATION beach home for only $725 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available from October, 1973. Weekly rate $200. For details, pictures and information, write James R. Christiansen, 1216 State St., Santa Barbara, Ca. 93101. Phone (805) 962-8141.

REAL ESTATE FOR SALE

WINTER, SUMMER—Wilson River, Oregon steelhead. A-frame, 150 feet river front, old growth hemlock grove. All conveniences. $24,750. Rogers J. Smith, M.D., 12225 N.W. Old Quarry Rd., Portland, Ore. 97229, (503) 644-2567.

WORKMEN'S COMPENSATION WITH A PROFESSIONAL APPROACH

California Medical/Dental Safety Association

This program makes it possible for medical society members to participate in Workmen's Compensation dividends. It's underwritten by Fireman's Fund American, a recognized leader in participating Workmen's Comp plans.

For 1972, the declared dividend was 20%

You are issued your own individual policy.

There are no dues; however, you must be a member in good standing of your local medical society.

You have the services of your local Fireman's Fund American agent or broker, plus the many strategically located claims offices located throughout California.

For additional information contact your local Fireman's Fund agent or broker...he's listed in the yellow pages under the sign of the firehat...or write to California Medical/Dental Safety Association, P. O. Box 1966, Bakersfield, California 93303.

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses two months in advance to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone (415) 776-9400, ext. 133. Note: Please see Vol. 117 No. 4, October, 1972 issue for a list of organizations approved for Category I Credit towards the CMA Certificate in Continuing Medical Education.

ALCOHOLISM AND DRUG USE

November 10—**Anxiety and Drug Abuse.** St. Mary's Hospital aboard the Queen Mary, Long Beach. Saturday. Contact: Dept. of Medical Education, St. Mary's Hospital, 590 E. 10th St., Long Beach 90801. (213) 435-4441, ext. 390.

CANCER

October 31—**Cancer Update.** St. Vincent's Hospital and American Cancer Society of Los Angeles County at St. Vincent's Hospital, Los Angeles. Wednesday. 6 hrs. $15. Contact: Sally Cox, St. Vincent's Hospital, 2131 W. 3rd St., Los Angeles 90057. (213) 483-8000.

November 12-15—**Advances in Clinical Cancer.** UCSF and American College of Physicians at Westbury Hotel, San Francisco. Monday-Thursday.

November 16-17—**San Francisco Cancer Symposium of 1973.** Claire Zellerbach Saroni Tumor Institute of Mt. Zion Hospital and Medical Center at Stanford Court Hotel, San Francisco. Friday-Saturday. Contact: Mt. Zion Hospital and Medical Center, San Francisco. (415) 922-3823.

December 1—**Breast Cancer: Update.** Palo Alto Medical Clinic. Saturday. 5½ hrs. $15. Contact: Melvin C. Britton, MD, P.A. Med. Clinic, 300 Homer St., Palo Alto 94301. (415) 321-4121.

Continuously—**Tumor Conference.** UCSD at Pickard Auditorium, University Hospital, San Diego. Tuesdays, 4:00 p.m. Contact: Sidney Saltzstein, MD, University Hospital, San Diego. (714) 291-3330, ext. 1071.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 3-4 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, MD, Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 281.

MEDICINE

October 18-20—**Sacramento-Yolo-Sierra County Heart Association Scientific Symposium.** Cal-Neva Lodge, North Lake Tahoe. Thursday-Saturday. Contact: Harold M. Lowe, M.D., Pres., P.O. Box 16011, Sacramento 95816. (916) 444-8650.

October 18-20—**Heart Disease: Practical Diagnosis and Management.** UCSD at Town and Country Hotel, San Diego. Thursday-Saturday.

October 20-21—**Cardiovascular Physiology.** UCSF. Saturday-Sunday.

October 21-27—**American College of Gastroenterology.** Biltmore Hotel, Los Angeles. Sunday-Saturday. Contact: Mr. Daniel Weiss, Exec. Dir., ACG, 299 Broadway, New York, N.Y. 10007.

October 24—**Blood Gases.** USC. Wednesday.

October 25-27—**Cardio-Respiratory Care Symposium.** Orange County Heart Association at Disneyland Convention Center, Anaheim. Thursday-Saturday. 17 hrs. $45. Contact: Marilyn Taylor, Prog. Dir., OCHA, P.O. Box 1704, Santa Ana. (714) 547-3001.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, MD, Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, MD, Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 563-4321.

STAN: Stanford University
Contact: Edward Rubenstein, MD, Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, MD, Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California, California College of Medicine, Irvine
Contact: Donald W. Shafer, MD, Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, MD, Director, Continuing Education in Medicine and the Health Sciences. P.O. Box 24902, UCLA, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Richard A. Lockwood, MD, Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco
Contact: Malcolm S. M. Watts, MD, Associate Dean and Director, Extended Programs in Medical Education, School of Medicine, University of California, San Francisco 94143. (415) 666-2342.

USC: University of Southern California
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

October 26-27—**Dermatologic Plastic Surgery.** See Surgery, October 26-27.

October 26-27—**Internal Medicine Symposium—Pulmonary Disease and Infectious Disease.** Southern Calif. Permanente Medical Group at Century Plaza Hotel, Los Angeles. Friday-Saturday. Contact: Shirley Gach, Dept. of Education and Research. So. Calif Permanente Med. Grp., 4900 Sunset, Room 6014, Los Angeles 90027.

October 27-28—**Psychophysiology and Medicine.** See Psychiatry, October 27-28.

October 31—**Infectious Disease—9th Annual Medical Seminar.** Pacific Hospital of Long Beach. Wednesday. Contact: Mrs. Laura Tondreault, Dir., Community Relations, Pacific Hospital, 2776 Pacific Ave., Long Beach 90801.

November 2-3—**Practical Approach to Diagnosis and Treatment of Cardiac Arrhythmias.** San Diego County Heart Association at Master Hosts Inn, San Diego. Friday-Saturday. 15 hrs. $20 for members, $25 for non-members. Contact: Cathy Ware, Prog. Dir., San Diego Co. Heart Assn., 3640 5th St., San Diego 92103. (714) 291-7454.

November 2-4 — **Critical Care Medicine.** USC and American College of Physicians. Friday-Sunday. Contact: USC.

November 5-14—**Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. 10 days. Contact: Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 22014. (301) 530-1600.

November 7—**Psychosomatic Considerations in Diabetes and Peptic Ulcers.** See Psychiatry, November 7.

November 10-11—**Physiology of Respiration.** UCSF. Saturday-Sunday.

November 11—**Symposium on Head and Neck—5th Annual.** Granada Hills Community Hospital and UCI at California State University, Northridge. Sunday. 8 hrs. $10. Contact: Arno A. Roscher, MD, Prog. Chr., Granada Hills Comm. Hosp., 10445 Balboa Blvd., Granada Hills 91344. (213) 360-1021.

November 12-16—**Pediatric Allergy.** UCSF. Monday-Friday.

November 15—**Symposium on Respiratory Care.** Lung Association of San Mateo County at Airport Marina Hotel, San Francisco International Airport. Thursday. 6 hrs. $15. Contact: Lung Assn. of San Mateo County, 2250 Palm Ave., San Mateo 94403. (415) 349-1111.

November 28-30—**Respiratory Failure Workshop.** USC. Wednesday-Friday.

November 29—**Endocrinology.** USC at Beverly-Wilshire Hotel, Los Angeles. Thursday.

December 1-2—**Kidney Function.** UCSF. Saturday-Sunday.

December 5-6—**Coronary Rehabilitation.** USC. Wednesday-Thursday.

December 6-8—**Advances in Heart Disease 1974.** UCD at Hilton Hotel, San Francisco. Thursday-Saturday.

December 7-9—**Fluid and Electrolyte.** UCS at Erawan Hotel, Palm Springs. Friday-Sunday.

December 8-15—**Pediatric Respiratory Disease Course of the Pacific.** National Cystic Fibrosis Research Foundation and Lung Association of Los Angeles County aboard P&O Cruise Lines "Spirit of London." One week. 12 hours. $175. Contact: Mrs. Rose Schlichter, Dir. of Educational Programs, Lung Assn. of L.A. County, 1670 Beverly Blvd., Los Angeles 90026. (213) 483-3220.

December 10-11—**ECG Vectors.** USC. Monday-Tuesday.

December 12—**Colloquia in Cardiology: No. 6—Electrophysiologic Bases for Clinical Arrhythmias.** American College of Cardiology at Ambassador Hotel, Los Angeles. Wednesday. Contact: Miss Mary Anne McInerny, Dir., Dept. of Continuing Education Programs, American College of Cardiology, 9650 Rockville Pike, Bethesda, Md. 20014.

Continuously—**Clinical Conferences.** Community Hospital of Santa Cruz. See Of Interest To All, Continuously.

Continuously—**Medical Chest Conference.** St. Mary's Hospital, San Francisco. Tuesdays, 4:00-5:00 p.m. in Pulmonary Classroom. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Medical Morbidity-Mortality Conference.** St. Mary's Hospital, San Francisco. Thursdays, 12:15-1:00 p.m. in Staff Lounge. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Clinical Cardiology Conferences.** San Diego County Heart Association at University Hospital, San Diego. Thursdays, 8-10 p.m. Contact: Robert O'Rourke, M.D., Instructor, Univ. Hospital, San Diego. (714) 291-3330, ext. 1644. Or Mrs. Cathy Ware, Prog. Dir., San Diego Co. Heart Assn., 3640 5th St., San Diego 92103. (714) 291-7454.

Continuously—**Bedside Clinics.** USC. Thursdays, 7:30-9:30 p.m. September 20-December 13.

Continuously—**Differential Diagnosis in Internal Medicine.** USC. Fourth Thursday of each month, 7:30-10:00 p.m. September 27, 1973-May 30, 1974.

Continuously—**Renal Dialysis Traineeships.** UCSF. By special arrangement.

Continuously—**Preceptorships in Biochemistry and Biophysics.** UCSF. By arrangement.

Continuously—**Clinics in Dermatology.** UCSF. By arrangement.

Continuously — **Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, MD, PMC; or Miss Mary Anne McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals. Contact: UCSD.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Thursday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three-hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, MD, Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, MD, LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, MD, Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $125 (52 issues). Contact: USC.

Continuously—**Cardiology Conferences — CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., MD, 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

9:00-10:00 a.m., Morrissey Hall, St. Mary's Hospital, San Francisco.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

10:30-12:00 noon, Room 63-105, UCLA Medical Center. UCLA. Second, Third, and Fourth Thursdays.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Auditorium, First Floor, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. UCLA. Second and Fourth Fridays.

Neurology. 8:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 8:30 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

Clinicopathologic Conference. 1st Friday, 12:00-1:30 p.m., Staff Room, St. Mary's Long Beach Hospital, Long Beach.

Internal Medicine. 2nd, 3rd, and 4th Fridays, 12:00-1:30 p.m., Staff Room, St. Mary's Long Beach Hospital, Long Beach.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

October 17-20 — **Obstetric/Gynecology Review.** USC. Wednesday-Saturday.

October 19—**Basic Surgical Aspects of Gynecology.** Northern California Ob/Gyn Society at Sacramento Metropolitan Airport. Friday. Contact: John J. Sullivan, MD, 1 Scripps Dr., No. 305, Sacramento 95825.

October 21-24—**International Family Planning Research Association, Inc.—5th Annual Meeting.** La Costa Resort Hotel and Spa, Rancho La Costa. Sunday-Wednesday. Contact: Patricia H. Allen, Assn. Coordinator, 2960 W. 8th St., Los Angeles 90005. (213) 386-1975.

October 24-28—**Pacific Coast Fertility Society—Annual Meeting on Reproduction.** Riviera Hotel, Palm Springs. Wednesday-Sunday. Contact: Dee Davis, Exec. Dir., PCFS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.

November 12-13—**Seminar on New Horizons in Perinatal Medicine.** RMP Area IV, UCLA; Depts. of Pediatrics and Obstetrics, Harbor General Hospital at Marriott Hotel, Los Angeles. Monday-Tuesday. $100. Contact: Mrs. Bonnie Stapleton, Cont. Ed. Coordinator, Attending Staff Assn., 1124 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1347.

Continuously—**Preceptorships in Obstetrics and Gynecology—Aspiration Abortion.** UCSF. By arrangement.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Ob/Gyn Correlated Pathology Conference.** St. Mary's Hospital, San Francisco. See Radiology and Pathology, Continuously.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

10:30 a.m., Auditorium, Women's Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

November 10—**The Pediatrician's Pandora's Box—Behavioral Problems in Practice.** UCD. Saturday.

November 10-11—**New Advances in Pediatric Neurology.** See Surgery, November 10-11.

November 12-13—**Seminar on New Horizons in Perinatal Intensive Care.** See Obstetrics and Gynecology, November 12-13.

November 12-16—**Pediatric Allergy.** See Medicine, November 12-16.

November 17—**Recent Advances in the Neurology of Early Childhood.** See Surgery, November 17.

November 17-18—**Health of the School Child Upgraded.** UCSF. Saturday-Sunday.

December 8-15—**Pediatric Respiratory Disease Course of the Pacific.** See Medicine, December 8-15.

Continuously—**Perinatal Conference.** Earl and Loraine Miller Children's Hospital, Long Beach. Fridays, 12:30 p.m., Conference Room. Contact: Marguerite Markarian, MD, Dir. of Nurseries, Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach 90801. (213) 595-3261.

Continuously—**Pediatric Clinical Conference.** Earl and Loraine Miller Children's Hospital, Long Beach. Fridays, 8:00 a.m., Conference Room "H." Contact: Harry W. Orme, MD, Med. Dir., Memorial Hospital Medical Center, 2801 Atlantic Ave., Long Beach 90801. (213) 595-3228.

Continuously—**Preceptorships in Pediatrics.** UCSF. By arrangement.

Continuously—**Pediatric Cardiology Conference.** UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of

each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, MD, Lebanon Hall, Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Children's Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Children's Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Children's Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Children's Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

8:30-9:30 a.m., alternately at St. Mary's, Childrens, Mt. Zion, and Kaiser Hospitals, San Francisco.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Children's Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

October 15-19—**Group Therapy.** UCSF and VA Mental Hygiene Clinic at Leamington Hotel, Oakland. Monday-Friday.

October 27-28—**Psychophysiology and Medicine.** UCSF and Fresno County Medical Society at Fresno Community Hospital, Fresno. Saturday-Sunday.

November 7—**Psychosomatic Considerations in Diabetes and Peptic Ulcers.** LLU. Wednesday.

November 27-December 2—**Society for Clinical and Experimental Hypnosis—Annual Meeting.** UCI Dept. of Psychiatry and Human Behavior; USC Division of Clinical Psychology, Dept. of Psychology; USC School of Dental Medicine at Newporter Inn, Newport Beach. Tuesday-Sunday. Contact: Donald W. Schafer, M.D., Dept. of Psych. and Human Behavior, 101 S. Manchester Ave., Orange 92668.

December 1-2—**PACE (Psychiatric Alumni Continuing Education).** USC Division of Continuing Education in Psychiatry at Riviera Hotel, Palm Springs. Saturday-Sunday. Contact: Donald H. Naftulin, MD, USC, Div. of Cont. Ed. in Psych., 2025 Zonal Ave., Hoffman 101, L.A. 90033. (213) 225-1511, ext. 336.

December 14-16—**Applications of Psychiatry in Medical Practice.** USC, Division of Continuing Education in Psychiatry, at Rancho Bernardo, San Diego. Friday-Sunday. Contact: Donald H. Naftulin, MD, 2025 Zonal Ave., Hoffman 101, Los Angeles 90033. (213) 225-1511, ext. 336.

Continuously—**Adolescent Case Review.** St. Mary's Hospital, San Francisco. Wednesdays, 1:00-2:00 p.m., 3 West Conference Room. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Preceptorships in Psychiatry.** UCSF. By arrangement.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA—NPI. Second Monday of September, November, December 1973. 8:00 p.m. Contact: Pamela Underwood, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210. (213) 271-7219.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

11:00 a.m., McAuley Institute, St. Mary's Hospital, San Francisco.

RADIOLOGY AND PATHOLOGY

Continuously—**Ob/Gyn Correlated Pathology Conference.** St. Mary's Hospital, San Francisco. Mondays, 12:00 noon, Staff Lounge. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Surgical Pathology Conference.** St. Mary's Hospital, San Francisco. 2nd and 4th Wednesdays. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Tumor Board.** St. Mary's Hospital, San Francisco. Mondays, 8:00-9:00 a.m., Clinic Building, Room 3. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Clinical Pathology Conference.** St. Mary's Hospital, San Francisco. Third Tuesday of each month, 9:00-10:00 a.m., Morrissey Hall. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Radiology Film Reading Sessions.** Orange County Radiology Society and Orange County Medical Center at Orange County Medical Center, Orange. 1st Tuesday of each month, September-June, 7:30-9:00 p.m. Contact: Edward J. Miller, MD, 301 Newport Blvd., Newport Beach. (714) 645-8600.

Continuously—**Cytopathology Seminars.** UCSF. 2nd Thursday of each month, September-June. 5:00-6:00 p.m. Contact: Eileen King, MD, Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, MD, Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two-part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One- or two-day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously — **Scintiphotograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Tuesdays

Radiology. 3rd Tuesday of each month, 8:00 a.m., Bothin Auditorium, Children's Hospital and Adult Medical Center, San Francisco.

SURGERY AND ANESTHESIOLOGY

October 21-25—**Western Orthopedic Association.** Town and Country Hotel, San Diego. Sunday-Thursday. Contact: Miss Vi Mathiesen, Exec. Sec., WOA, 354 21st St., Oakland 94612. (415) 893-1257.

October 26-27—**Dermatologic Plastic Surgery.** UCSF. Friday-Saturday.

November 1-2—**Strabismus.** PMC at Fairmont Hotel, San Francisco. Thursday-Friday.

November 2-3—**Practical Approach to Diagnosis and Treatment of Cardiac Arrhythmias.** See Medicine, November 2-3.

November 3—**Anesthesiology Symposium.** Southern Calif. Permanente Medical Group at Airport Marina Hotel, Los Angeles. Saturday. Contact: Shirley Gach, So. Calif. Permanente Med. Grp., Dept of Education and Research, 4900 Sunset, Room 6014, Los Angeles 90027.

November 3—**Effects of Visual Deprivation on the Monkey Striate Cortex—2nd Annual Mr. and Mrs. William A. Kettlewell Lecture.** Smith-Kettlewell Eye Research Foundation and PMC Dept. of Ophthalmology at PMC, Lane Hall. Saturday. Contact: Arthur Jampolsky, MD, Dir., Smith-Kettlewell Eye Research Fndn., 2232 Webster St., San Francisco 94115. (415) 567-0667.

November 10-11—**Recent Advances in Pediatric Neurology.** UCLA. Saturday-Sunday.

November 11—**Symposium on Head and Neck.** See Medicine, November 11.

November 13-15—**Femur, Injuries and Complications.** USC and American Academy of Orthopaedic Surgeons at Gene Autry Hotel, Palm Springs. Tuesday-Thursday. Contact: Marvin H. Meyers, MD, 1200 N. State St., Los Angeles 90033.

November 15-16—**Phaco-Fragmentation.** UCSF. Thursday-Friday.

November 17—**Recent Advances in the Neurology of Early Childhood.** Southern California Permanente Medical Group and Kaiser Foundation Hospitals at Vacation Village Hotel, San Diego. Saturday. Contact: Mrs. Shirley C. Gach, Coordinator, Room 6014, 4900 Sunset Blvd., Los Angeles 90027. (213) 667-4011.

November 30-December 2—**Electronstagmography.** PMC at Mark Hopkins Hotel, San Francisco. Friday-Sunday. $275. 24 hrs.

December 5-7—**Corneal Diseases—Annual Ophthalmology Course.** UCSF. Wednesday-Friday.

December 5-8—**Life Saving Measures for the Critically Injured.** San Francisco General Hospital, Surgical Service, Committee on Trauma, American College of Surgeons at Hyatt House Hotel, San Francisco. Wednesday-Saturday. $125. 18 hrs. Contact: F. William Blaisdell, M.D., Chief of Surgical Service, S.F. General Hospital, San Francisco. (415) 648-8200, ext. 465.

Continuously—**Basic Science Lecture Series.** Dept. of Surgery, St. Mary's Hospital, San Francisco. Mondays, 11:15 a.m.-12:15 p.m., Morrissey Hall. Contact: Charles H. Lithgow, MD, Dir. of Medical Education, St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Mini Residencies in Orthopaedics. STAN.** Postgraduate trainee-ships of 4-14 days duration, as you wish. No tuition but donations accepted. Contact: Orthopaedic Division, Dept. of Surgery, Stanford.

Continuously—**Los Angeles Urological Society.** At LACMA. March through December 1973. First Tuesday of each month. Contact: Ann P. Sire, Exec. Secy., P.O. Box 1974, Altadena 91001. (213) 225-3115, ext. 1411.

Continuously—**Orthopedic Lecture Series.** Alternately at St. Mary's, St. Joseph's, Mary's Help, VA Martinez,

Kaiser San Francisco, and Harkness Memorial Hospitals. Third Tuesday of each month, 6:00 p.m. Contact: Charles H. Lithgow, MD, Dir. of Med. Ed., St. Mary's, Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Orthopedic Trauma Conference.** USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.

Continuously—**Preceptorships in General Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Neurological Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Urology.** UCSF. By arrangement.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, MD, LLU.

Continuously—**Surgical Anatomy.** St. Mary's Hospital, San Francisco. Mondays, 4:30 p.m., St. Mary's Hall, 2 W. Classroom. Contact: Charles H. Lithgow, MD, Dir. of Med. Ed., St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Surgical Cline Clinic.** St. Mary's Hospital, San Francisco. Mondays, 1:30 p.m., Morrissey Hall. Contact: Charles H. Lithgow, MD, Dir. of Med. Ed., St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Surgical Morbidity and Mortality Conference.** 4th Monday of each month, 9:00-10:00 a.m., Morrissey Hall. Contact: Charles H. Lithgow, MD, Dir. of Med. Ed., St. Mary's Hospital, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

Continuously—**Surgical Pathology Conference.** See Radiology/Pathology, Continuously.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Combined Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from national and international orthopaedic meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72 ($36 for residents). Contact: A. Harris, Man. Ed., OASF, 1510 Oxley St., So. Pasadena 91030. (213) 682-1760.

Grand Rounds—Surgery

Mondays

9-10 a.m., Morrissey Hall, St. Mary's Hospital, San Francisco.

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m., San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

Orthopedics. 8:00-9:00 a.m. St. Mary's Hospital, San Francisco.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA.

Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

OF INTEREST TO ALL PHYSICIANS

October 17—**Clinical Conference.** UCSF at Auburn Faith Hospital, Auburn. Wednesday.

October 18-19—**Seminar on Medical Jurisprudence.** VA Hospital and UCI at VA Hospital, Long Beach. Thursday-Friday. 8 hrs. No fee. Contact: E. A. Reed, MD, JD, FCLM, Chief, Outpatient Service, VA Hosp., 5901 E. 7th St., Long Beach 90801. (213) 498-1313.

October 21-24—**International Family Planning Research Association, Inc.** See Obstetrics and Gynecology, October 21-24.

October 24—**Martinez VA Hospital 10th Anniversary-Scientific Program.** Wednesday. Contact: VA Hospital, 150 Muir Road, Martinez 94553.

October 27-28—**Psychophysiology and Medicine.** See Psychiatry, October 27-28.

October 28-31—**California Academy of Family Physicians—Annual Scientific Assembly.** Masonic Memo-

rial Temple, San Francisco. Sunday-Wednesday. Contact: Mr. William W. Rogers, Exec. Sec., CAFP, 9 First St., San Francisco 94105. (415) 982-6091.

October 29-November 2—**Intensive Care.** STAN. Monday-Friday.

November 10—**New Directions in Health Sciences Education.** UCSF. Saturday.

November 16-17—**Critical Patients/Critical Decisions.** USC. Friday-Saturday.

November 17—**California Allergy Society—Annual Non-Scientific Meeting.** Disneyland Hotel, Anaheim. Saturday. Economic aspects of a medical practice. Will include presentations by representatives of the legislative and executive branches of Calif. state government and representatives of the legal firm which represents CMA. Contact: Arthur Turk, MD, 12665 Garden Grove Blvd., Garden Grove. (714) 530-5690.

November 17-18—**Clinical Acupuncture.** UCLA. Saturday-Sunday.

December 1—**Family Practice Symposium.** Southern Calif. Permanente Medical Group at Hilton Hotel, Los Angeles. Saturday. Contact: Ms. Shirley Gach, Symposium Coordinator, Education and Research, So. Calif. Perm. Med. Grp., 4900 Sunset Blvd., Los Angeles 90027.

December 1-4—**AMA Clinical '73.** American Medical Association at Anaheim Convention Center, Anaheim. Saturday-Tuesday. 30 post-graduate courses, 6 general sessions, covering new treatments and techniques in most major specialties. Contact: Ms. Lindy Korner, Project Coordinator, AMA, 535 N. Dearborn St., Chicago, Ill. 60610. (312) 751-6697.

December 5-8—**Life Saving Measures for the Critically Injured.** See Surgery, December 5-8.

December 8-9—**Management of Sexual and Marital Inadequacy.** Institute for Comprehensive Medicine at Hilton Hotel, Los Angeles. Saturday-Sunday. Contact: M. K. Starrett, 10840 Queensland St., Los Angeles 90034.

December 14-16—**Applications of Psychiatry in Medical Practice.** See Psychiatry, December 14-16.

Continuously—**Clinical Conferences.** UCSF and Community Hospital of Santa Cruz at Community Hospital, Santa Cruz. 2nd Wednesday of each month, Oct. 10, 1973-June 12, 1974, 11:00 a.m.-2:30 p.m. 27 hours. $50 for series; $7.50 per lecture. Oct. 10—Current Surgical Management of Breast Carcinoma; Nov.—Intensive Care Medicine; Dec.—Clinical Applications of Biliary Physiology; Jan.—Renal Disease 1974; Feb.—A Clinic on Thyroid Disease; Mar.—Fluid and Electrolyte Workshop; Apr.—Management of Acute Trauma; May—Clinic on Obesity; June—The Impotent Male and the Liberated Female.

Continuously—**Emergency Medicine.** USC. Wednesdays, 7:30-9:30 p.m., beginning October 24.

Continuously—**Bedside Clinics.** See Medicine, Continuously.

Continuously—**Family Health Program—Southern California.** 2925 N. Palo Verde, Long Beach. Second Friday of each month. 1:00-2:00 p.m. Contact: UCI.

Continuously—**"Round Robin" Hospital Lectures.** UCI and American Medicorp at Garden Park Hospital, Anaheim; Hartland Hospital, Baldwin Park; Imperial Hospital, Hawthorne; La Mirada Hospital, La Mirada; San Gabriel Valley Hospital, San Gabriel; Stanton Community Hospital, Stanton; Studebaker Community Hospital, Norwalk; West Anaheim Community Hospital, Anaheim; Westminster Community Hospital, Westminster. Contact: UCI.

Continuously—**Hospital Lecture Program.** UCI at Mission Community Hospital, Mission Viejo; Huntington Intercommunity Hospital, Huntington Beach; Fairview State Hospital, Costa Mesa; Metropolitan State Hospital, Norwalk; South Coast Community Hospital, Laguna Beach. Contact: UCI.

Continuously—**Lecture Program.** Riverside-San Bernardino Chapter, American Academy of Family Physicians and UCI at Ram's Horn Inn, San Bernardino. 3rd Thursday of each month. 7:30 p.m. Contact: UCI.

Continuously—**Professional Education Program.** Porterville State Hospital. Contact: Frank McCarry, MD, P.O. Box 2000, Porterville. (209) 784-2000.

Continuously—**Round Tables with Pacific Medical Center.** PMC and Sonoma Valley Hospital at Sonoma Valley Hospital, Sonoma. Second Monday of each month in Dining Room of the hospital, 8:00-10:00 p.m. $100 per series, $15 per session. Contact: William J. Newman, MD, P.O. Box B, Sonoma 95476. (707) 996-3621.

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation.** A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. $75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.

Continuously—**Medical Media Network.** Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Mr. David E. Caldwell, Exec. Dir., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

INDEX TO CALIFORNIA MEDICINE ADVERTISING

The irritations of man's day are often reflected in his gut.

The causes of irritable colon and the diarrheal symptoms that often accompany it can be as diverse as the systemic and emotional irritations man is faced with daily.

Although the mucoid nature of stools and the occurrence of diarrheal episodes coincident with times of emotional stress may be valuable clues to the functional nature of the disorder, irritable colon must often be diagnosed by exclusion. Such diagnostic exploration takes time. Discovery of the nature of any emotional problems may take more. During that time, Lomotil® is an ideal agent for controlling diarrheal symptoms.

Lomotil tablets are small, easy to carry and easy to take. They act promptly and effectively. Secondary effects are relatively infrequent and, once the first force of the diarrhea is controlled, maintenance is frequently effective on as little as one fourth of the initial dosage.

These same characteristics make Lomotil useful in controlling the diarrhea associated with gastroenteritis, antibiotic therapy and acute infections.

IMPORTANT INFORMATION: *This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL* IS NOT *AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.*

Indications: Lomotil is effective as adjunctive therapy in the management of diarrhea.

Contraindications: In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

Warnings: Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

Usage in pregnancy: Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the breast milk of nursing mothers.

Precautions: Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs or known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

Adverse reactions: Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy, anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

Dosage and administration: ***Lomotil is contraindicated in children less than 2 years old.*** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

Overdosage: Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur 12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

Dosage forms: Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. *Liquid,* 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

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Address medical inquiries to:
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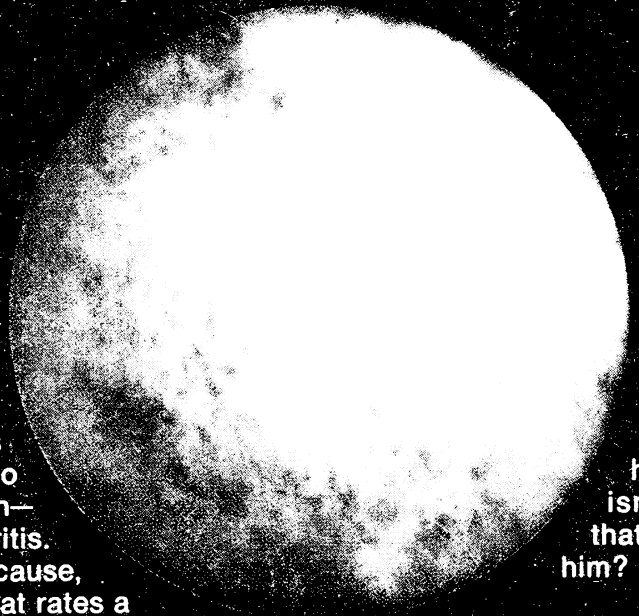
Box 5110, Chicago, Illinois 60680

Dx: Acute Gastritis... Rx: Maalox®



Alcohol...highly-seasoned foods...infectious disease—even a reaction to common drugs like aspirin—can bring on acute gastritis.

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(a balanced combination of magnesium and aluminum hydroxides)

the number one antacid

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